



From the Editors

By

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This Spring/Summer (2020) edition of WAIMH *Perspectives in Infant Mental Health* includes reviewed and accepted papers since the Fall/Winter (2020) edition. Each paper calls attention to and consideration of what WAIMH members and allied infant mental health colleagues around the world are thinking, doing, and writing about.

For newcomers to WAIMH, *The Signal* was the former name of *Perspectives in Infant Mental Health*. Furthermore, Emily Fenichel named *The Signal* after an international contest. At the time Emily was Associate Director of *Zero to Three* and was also the Editor of the *Zero to Three Journal* from 1992 – 2006. Currently, past issues of *The Signal* (1993 - 2011) can be accessed online. Also, past issues of *Perspectives in Infant Mental Health* (2012 – current) are available by following this link: <https://perspectives.waimh.org/perspectives-archive/>. Past articles are also available online in text format, which in turn can be shared: <https://perspectives.waimh.org/>

At the outset, we specifically acknowledge the death of Dr Dora Knauer, a child psychiatrist, and a longstanding WAIMH member. Sadly, she died of the Novel Coronavirus COVID-19, on April 20, 2020, in Geneva, Switzerland. A tribute to her has been written by our President Kai von Klitzing and is included in this issue. [It can also be viewed on the WAIMH website.](#)

Amidst many personal losses and challenges, the impact of COVID-19 has necessitated that the WAIMH Executive Committee and Organising Committee

postpone the WAIMH 2020 Brisbane Congress. WAIMH Executive Director Kaija Puura addresses the agonizingly complex decision-making process regarding the WAIMH 2020 Congress, in her column. The new dates for the 17th World Congress of the World Association for Infant Mental Health are 23 – 27 June 2021.

Further in response to the global pandemic of COVID-19, the *Perspectives* team with WAIMH acknowledges all parents, caregivers, and infant mental health professionals who are caring for infants and young children, and their families. WAIMH appreciates that all parents, caregivers, and infant mental health professionals are providing this care, each day, during these unprecedented times, with still so much unknown about COVID-19.

Furthermore, we acknowledge all Infant Mental Health (IMH) professionals who are hard at work in their efforts to support infants and their families amidst this COVID-19 pandemic. The challenges are immense; the demands to respond unceasing. WAIMH acknowledges that this is an incredibly stressful, worrying, and anxious time for the IMH specialists and allied colleagues as they walk beside young families whose challenges and worries are currently magnified.

Each day, Infant Mental Health (IMH) professionals are facing complex medical questions from families with young children about COVID-19. Similarly, every day, pregnant women and their families are seeking medical information concerning how to keep themselves and their baby safe. Pregnancy, and caring for newborns, at the best of times, is a time of heightened awareness of health and safety issues. WAIMH acknowledges every pregnant woman, her partner and family during this time.

The WAIMH *Perspectives* team have coordinated setting up the WAIMH COVID 19 website page that focuses on providing resources about COVID-19 with a specific focus on infant mental health professionals and the needs of infants, young children, and their families. This focus is in keeping with the aim of WAIMH: 'to promote the mental wellbeing and healthy

development of infants throughout the world...'. The resources on the site are designed to provide information and suggestions about how best to respond, manage, and cope, during this incredibly difficult time. They also include special medical information about pregnancy, infants, and young children. Kai von Klitzing has been and continues to provide carefully screened and updated medical data that keeps pace with new data as it becomes available. You can view the WAIMH COVID-19 resources page via the following link: www.waimh.org.

In addition, the *Perspectives* team have collaborated with Holly Brophy-Herb, Editor of the *Infant Mental Health Journal (IMHJ)*, in a shared initiative: Infant and Early Childhood Mental Health in the Context of the COVID-19 Pandemic. The flyer that details this initiative, and the call for brief papers for *Perspectives* between July 1 and October 1, 2020 can be viewed in this issue.

A second joint initiative between *Perspectives* and the *IMHJ* is represented in this issue. The aim is to feature *IMHJ* articles that especially draw attention to themes in practice with very young children/families. The first paper to be featured in this ongoing series is by Rachel Ransley, Michelle Sleed, Tess Baradon and Peter Fonagy (UK): "What support would you find helpful? The relationship between treatment expectations, therapeutic engagement, and clinical outcomes in parent-infant psychotherapy".

This full issue also marks the retirement of Hi Fitzgerald from his many editorial roles of this WAIMH publication. He was the inaugural WAIMH Executive Director in 1993 when *The Signal* was first published with Charles Zeanah as Editor-in-Chief and since that time has been actively engaged with the publication including the roles of copy editor and associate editor of *Perspectives in Infant Mental Health*. Of special note and acknowledgement is Dee Bonvillian, Hi's wife, who has also contributed as a production editor of *The Signal* in the 1990's. In honour of Hi's longstanding contribution to this publication since 1993, we invited Hi to write a paper as he reflected back over the past years. Hi's paper is published here,

Forty Years with Infant Mental Health: Some Reflections for the Future. Hi's paper is followed by some brief commentaries and in turn these commentaries are followed by a selection of tributes to Hi. These tributes are from a selection of colleagues and friends within WAIMH that offer a glimpse into Hi's immense outreach and support to many people in our field.

Moreover, this full issue includes papers published online since January 2020 and also includes new papers. As the WAIMH *Perspectives in Infant Mental Health* editorial team, we thank each person for their interesting and thoughtful contributions.

We welcome submissions from the field that challenge the way we think about infants, families, culture, and community, and offer fresh perspectives on policy, research, and practice. As always, we invite comments in response to what is published in WAIMH *Perspectives in Infant Mental Health*.

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CORRIGENDUM:

This letter was first published on-line, in *Perspectives in Infant Mental Health* on 13 March 2020 with the full permission of the author. This letter has been updated by the author and is published here with changes made by the author.

Dear Kai,

I do thank you for the article you wrote in the last issue of "*Perspectives in Infant Mental Health*".

I'm an Early Years Educator. I've been working for 20 years with children in Milano, Niger and Mexico City (in Niger I spent 6 years, as a personal commitment for voluntary work, with no salary). I now work in public daily nurseries of the city of Milano.

Since 2017, I have been a member of the WAIMH. I thank everyone who is involved in keeping attention to child development, starting from observation of children's needs. I'm not good in writing; I'll try to explain what I've been experiencing in the public daily care center of Milano (but also in most of the private childcare center there is the same neglect). It's thanks to the commitment of many infant-researchers that I've been able to comprehend how to better care for children I found on my way.

I've experienced with my job how children's needs are the same at any latitudes (as Winnicott said) and how caregiving is a universal experience that allow us to feel and become human beings, who belong to Nature; instead of human beings, who feel self-sufficient and use Nature only as an instrument of power.

"Whether we refer to attachment behavior as a useful biological function or instead we consider it as an irrelevant infant characteristic, it will depend our way of relating with our human brothers" (Bowlby, 1969, *Attachment and loss*, vol. 1).

Coming back to Bowlby's words I thought about the many times I found myself working in daily nurseries where attachment behavior was considered as a whim (I think especially at the infant and toddler's need, when he comes to the nursery, to have a key person who care for him).

In June 2018, I wrote a letter to the Responsible of the nursery where I explained to her the emotional neglect that infants and toddlers were experiencing every day at the nursery. Their caregivers were denying them a healthy emotional presence and sensitive attunement. Infants were left crying alone,

as a punishment, often in an isolated corner with caregivers threatening them with the tone of their voice and the facial expression of anger and nuisance if they dared to ask for being hold in the arms of their caregiver. She answered to me that I was not a good caregiver if I was tuning to infants, giving an emotional presence, because *infants need to get used to stay alone without the mental presence of an adult: it's the space that helps infant to develop, the caregiver just need to be there as a theater director, who control that the space is well organized, keeping on the sidelines.*

These are the new theories, that some professors of pedagogy of Milano have invented; pure philosophical speculation, without any honest and evidence-based observation of human nature (considering human being as a part of a Nature that surrounds and holds us). In doing so, they create a human being who is self-sufficient from birth. A caregiver is considered competent when an infant never goes towards him to find a holding emotional presence...we are talking about children from 3 months to 3 years old.

For this reason, average staff member to child ratios is not considered important. And so the daily ratio is of 1 nursery educator for an average of 10 infants aged 0-3. Often this ratio becomes 1 adult with over 16 infants when caregivers are not available because of illness, vacation, or administrative work. (Administrative work that should be done not in the hours you're supposed to be caring for infants, but since the caregiver is not considered to give an emotional presence, she can go out of the room more easily).

Beside this, in the same room, 24 infants are kept together, even when there's the possibility to divide into smaller groups in order to diminish the stress felt by infants most of the caregivers prefer to remain in the same room and be a theater director (who speaks with colleagues about the scene). Once I tried to ask my colleagues to divide into smaller group. The answer was: "*infants need to learn to stay in the bigger group, without the presence of the caregiver, let them cry alone*". I was amazed and I felt powerless.

In response, I just held into the evidence-based researches and tried to keep my emotional presence in the best way I could...it was hard.