

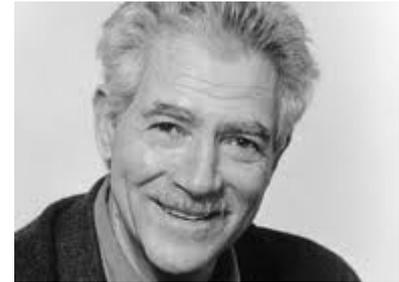
Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

A Tribute to Daniel Stern – Mentor, Colleague and Friend

By J. Kevin Nugent, Director, the Brazelton Institute, Boston Children's Hospital and Harvard Medical School, USA

Dr. Daniel N. Stern died in Geneva, Switzerland on November 12, 2012. He leaves his wife, Nadia, who collaborated with him on much of his research, his two sons, Michael and Adrien; three daughters, Maria, Kaia and Alice Stern; a sister, Ronnie Chalif; and 12 grandchildren. To them we extend our deepest sympathy.



research, he dedicated his time to the observation of infants and to clinical reconstruction of early experiences. As a result, his ideas have changed the way that we think about babies and the parent-child relationship, about the transition to parenthood and the development of mental life.

There is an easy coherence between his ideas and our research efforts here at the Brazelton Institute. He integrated Berry Brazelton's understanding of the infant's contribution to the emerging parent-infant relationship, when he wrote that the infant's behavior could be a powerful «port of entry» into the parent-child system.

Dr. Stern is the author of seven books, most of which have been translated into different languages:

- The Interpersonal World of the Infant: A view from psychoanalysis and developmental psychology, (Basic Books, 1985)
- The Interpersonal World of the Infant: A view from psychoanalysis and developmental psychology, (Basic Books, 1985)
- Diary of a Baby, (Basic Books, 1992)
- The Motherhood Constellation: a unifying view of parent-infant psychotherapies. (Basic Books, 1995)
- The Birth of a Mother, (written with Nadia Bruschweiler-Stern, Basic Books, 1997)

Everyone who knew Dan will remember his brilliance, his charm and his commitment to the field. We here at the Brazelton Institute, remember him for personal warmth and quick humor, as well as for his originality as a theorist, and his brilliance as researcher, clinician, mentor, speaker and writer. We knew all along that he was one of the great minds of our time. On hearing the news, Berry Brazelton paid tribute to Dan by saying that «he was a thoughtful, lovely person. I learned so much from him and we shared so much together. I miss him very much».

Daniel N. Stern was born in Manhattan in New York City. He came to Harvard as an undergraduate and then attended Albert Einstein Medical College, where he completed his M.D. in 1960. He conducted psycho-pharmacology research at the National Institutes of Health in Bethesda, Md., before he completed his residency in psychiatry at the –Columbia University College of Physicians and Surgeons. He later trained at the Center for Psychoanalytic Training and Research at Columbia. During his illustrious career, he was Professeur Honoraire in the Faculty of Psychology at the University of Geneva, Adjunct Professor of Psychiatry at Weill Cornell Medical College, and Lecturer at the Columbia University Center for Psychoanalytic Training and Research.

Dan Stern transformed the field of developmental psychology, by creating a bridge between psychoanalysis and empirically based developmental models. Because he believed that clinical practice needed to be based on scientific

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- The Present Moment in Psychotherapy and Everyday Life, (2003), W.W. Norton.

- In 2010, Forms of Vitality: Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development, which used new understandings of neuroscience to explain human empathy, was published by Oxford University Press. In this, his final book, he draws on work from neuroscience, psychotherapy, and arts to explore creativity and the creative arts.

He is also the author of several hundred journal articles in journals such as the Infant Mental Health Journal, the International Journal of Psychoanalysis and the Journal of American Academy of Child Psychiatry. He also wrote many book chapters, the latest of which was «A new Look at Parent-Infant Interaction» in Nurturing Children and Families: Building on the Legacy of T. Berry Brazelton, edited by Barry M. Lester and Joshua D. Sparrow and published by Wiley in 2010.

While Dan Stern's ideas were complex, his writing was always accessible. His writing style was energetic and buoyant, the buoyancy generated by his sensitivity to cadence and tone and his awareness of the poetry of language. Even «The Interpersonal World of the Infant,» and «the Motherhood Constellation», arguably his two most theoretical books, are both characterized by a poetic lyrical prose style, especially when he presents his

observations of mother-infant interactions. «The Diary of a Baby» is a work of self-delighted inventiveness, as he tries to imagine the inner world of the young child. «The Birth of a Mother: how the Motherhood Experience Changes You Forever», which was written along with his wife, Nadia, is also a book that retains its conceptual richness and at the same time is a book that is accessible to any expectant mother or father.

The words of the 16th century English writer, Robert Whittinton, describing Sir Thomas More, can be applied to Dan:

He is a man of an angel's wit and singular learning; I know not his fellow. For where is the man of that gentleness, lowliness, and affability? And as time requireth a man of marvellous mirth and pastimes; and sometimes as of sad gravity: a man for all seasons.

Daniel Stern was, indeed, a man for all seasons. Now more than ever, we realize how privileged we are to have known him as a colleague and friend. We will miss him, but his ideas will live on in our thoughts and in our work.



From the Editors

By Deborah Weatherston, Hiram E. Fitzgerald, Editors, Michigan, USA and Maree Foley, New Zealand

Daniel Stern: He captured our attention; he challenged our capacity to see more of what was hidden from plain sight; he pleaded with us to slow down, listen, watch and learn before constructing a story; he introduced us to babies and their interactions in a dynamic fresh way; he called us to be present with the language of experience.

When WAIMH members received word that Dan Stern had died, many around the world expressed deeply felt sorrow for the loss of a colleague, a mentor, and revered leader who had an enormous influence on the infant mental health community. The WAIMH Board sent a note of sympathy to Nadia Bruschweiler-Stern (Dan's wife), his children and family, but struggled with how to say "good-bye" and honor a man who was so very important to the development of our thinking about babies in relationships and the rapidly growing infant mental health field. After considerable thought and a flurry of e-mail communications, board members agreed that there could be a special edition of Perspectives in which we would publish remembrances, personal and professional. In turn, several colleagues responded quickly, confirming their willingness to contribute their reflections.

As a result, this Winter 2013 issue is dedicated to Daniel Stern and contains a series of reflections from colleagues, concerning interactions and experiences they had with him. These generous offerings provide a rare window into the person of, and the work of, Daniel Stern. They highlight the fact that he didn't talk the walk, he walked and sometimes even danced the talk.

In addition to the contributions from those who knew him, we have made one article available, with permission from the publisher, the Michigan Association for Infant Mental Health: Stern, D. (2008). "The Clinical Relevance of Infancy: A Progress Report," *Infant Mental Health Journal*, Vol. 29(3), pp. 177-188. This is representative of the many books and journal articles that he published during his wonderfully productive career.

Finally, we hope that this issue of Perspectives will help keep Daniel Stern's many contributions alive and in mind as all of us continue our work with and/or on behalf of infants; and as we enter into meaningful working relationships with one another, savoring every moment.

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President's page

By Miri Keren, WAIMH President, Israel

Some two months ago, our daily work was interrupted by the spreading news about Dan Stern's death....

While writing this very sentence, I reflect on my hesitation of which word to choose...»passed away», or «was gone», or simply «died»...Is it because the notion of «death» is too difficult to comprehend ...not only for children but also for grown-ups...that we tend to use metaphors such as «gone forever», or, as we commonly say in Hebrew «went into his/her world»? The first reaction is almost, «What? It can't be. I just talked to him a month ago...Well, yes, he was very sick, but he got through each time...»

Losing our parents and our teachers is a «natural» fact of life and still it presents us with existential questions...especially for those of us who already have half of our lives behind us. When one of my residents in Child Psychiatry was waiting for his first baby to be born a few weeks ago, I thought of a common denominator between the two extremes, life and death. The exact time of the first breath, as well as of our last breath, is unpredictable, even when birth as well as death is more often than not expected. In a way, birth as well as death is always sudden and as such, surprises us. May be it has to be so because these two «present moments» (as Dan would say) are so overwhelming in their intensity and their absolute, «all or none» quality, that it is better, in psychological terms of survival, not to know them in advance. We know what happened to Adam and Eve when they ate the apple from the Tree of Knowledge...they started to experience fear, anxiety...what we call negative emotions!

In that sense, life is not less anxiety-provoking than the prospect of death. The difference is that in life, the young children, the adolescents, and the young adults can talk to their elders and get a sense of what is lying ahead of them so that they can prepare themselves, make plans, use the experience of others. They also know that if they feel alone or afraid, they can turn to their attachment figures (hopefully!). Death, and what comes after, if anything does, is the only life event that nobody can give a good advice about it. If only one could tell us about what really is in the aftermath...

The closer the deceased person is to us is, the more we are bothered by the question, "What is the «present moment» now for Dan?" Whether there is one, we will never know...but for us, the living, the way to continue Dan Stern's "present moment" is to go on teaching our students and young colleagues not only Dan's major concepts of affect attunement, selves, motherhood constellation, but also his philosophical and scientific stance: to observe directly and then to reflect on the significance of the observed phenomena.

I met Dan a year ago, at the IACAPAP meeting in Paris. He was already very sick, but I was struck and deeply moved by his tenacious way of thinking about what he observed around him... as if it had become a reflex behavior...This is, in my eyes, the most powerful legacy Dan Stern has given us and the following generations of infant mental health clinicians and researchers.

This issue of Perspectives in Infant Mental Health is fully dedicated to the many ways he has been perceived by many of us...

Daniel Stern, the Baby and the Triad

By Elisabeth Fivaz-Depeursinge,
Switzerland

Daniel Stern was my master and friend. He supported me in my endeavors with Antoinette Corboz-Warnery to describe triadic interactions by designing the Lausanne Trilogue Play (LTP) (Fivaz-Depeursinge & Corboz-Warnery, 1999) as we went about adapting the microanalytic methods he and others had developed for exploring dyadic interactions. This long journey was paved by numerous encouragements, constructive criticisms and collaborations. Thanks to his curiosity and openness to new questions, he raised issues and objections that we didn't (want to) think of. While he had no objection to considering the triad as a system from the observer's perspective (Stern, 2000; 2008a; Stern & Fivaz-Depeursinge, 1997), his main interrogation was whether and how the subjects, in particular the infant, experienced the triad as a whole (Stern, 2005): What were the processes by which an infant might grasp triangular interactions between herself and her two parents?; How might she communicate with both at the same time rather than sequentially, in dyads? After all, she could only look at one person at a time; and finally, how would she construct triangular representations, as a base for her participation in the family's collective intersubjectivity?

In remembering his generous reviews of our writings, his discussions of our work at conferences and regarding our collaborative papers, I see three main moments where Daniel Stern met with us, stepped alongside us, and challenged our model.

Interfaces: In 1991, he and I convened the first interface group, in Lausanne, which included colleagues who had contrasting perspectives on infants and their families: developmental, psychodynamic, systemic. Our main goal was to draw relationships between different levels to approach the nuclear family: behavioral interactions, their subjective and unconscious meanings, and their intergenerational bases. His microanalytic interview of a parents' couple LTP, a 30 seconds sequence of interactions, set the stage for the group's co-construction of a common language and shared concepts. The results

of this work were presented in the WAIMH Chicago conference and published in the IMHJ (Fivaz-Depeursinge, Stern, Bürgin, Byng-Hall, Corboz-Warnery, Lamour & Lebovici, 1994) along with a thoughtful and challenging discussion by Robert Emde (1994). The group's relational history was marked by friendship, playfulness, and hot debate. This adventure was the inspiration for the plenary interfaces organized in the Paris, Yokohama and CapeTown WAIMH conferences.

Collective Intersubjectivity: In his theory on intersubjectivity as a motivational system (2004, 2005), Daniel Stern contended that intersubjectivity plays an important role in the survival of the species:

Human beings don't survive without groups, family, team, tribe, etc. Thus is it necessary to have systems which can hold the group together. Attachment is such as a system, but intersubjectivity is also one. In a group of hunters or in a basketball team, cooperation and cohesion require to know what is in the mind of others at any time. Morality is also essential for survival. We know that there is no morality, shame, guilt, embarrassment, without intersubjectivity between persons. To experience moral emotions, one has to be able to see oneself in the eyes of another; this comes under intersubjectivity (Stern, 2005)

Basing this argument on our work, among others, Daniel Stern opened our eyes to new perspectives that we had not envisaged.

The infant's representation of the triad as "dynamic forms". We were privileged to witness Daniel Stern's struggle with the question of the infant's capacity to represent a triad as a Gestalt. After imagining many different mechanisms, for instance combining a dyad in the foreground with a third party in the background, he squarely asked how the infant could hold three characters in mind simultaneously:

Given a triad is not made up of three separate dyads seen sequentially (additively), but rather of one threesome, all three

characters must be held in mind simultaneously. How could an infant do that and then represent it? (Stern, 2008, oral presentation)

Later, in a discussion of our work in Rome he proposed to deal with this question in terms of "dynamic forms". Recalling that:

The baby is aware of his own movements through proprioception as he is aware of his parents movements visually and audibly, it is relatively easy to see how the baby would be aware of the dynamic patterns of motion (speed, duration, force, direction relative to another or self, etc). The harder question is how could all the simultaneous dynamic forms of three separate people be integrated by the baby into a whole, into an overarching dynamic form? (Stern, 2008b)

In answer to this question, Daniel Stern told of a personal experience which he considered to be directly relevant to the dynamic interactions that babies engage in with their parents. First, he spoke of dancers:

There is an exercise for improvisational modern dancers that asks a room full of a dozen or so dancers to walk around aimlessly. While they are doing that, each is to hold one specific - "target" other person in the left visual field and a second specific-target person in the right visual field. To best do this while you and everyone else is moving, one should not in fact look at either of the two target people but anywhere else to hold them both in separate peripheral vision spaces. It is remarkably easy; the only hard part is not bumping into all the other moving people. (Stern, 2010a, p. 123)

Next, he referred this dance exercise, back to the baby in the LTP:

The parents play together with their 9 month-old. Having tried several games, they finally settle to play "sneezing". The

two parents call for the baby's attention: "Attention! attention!!, attention !!!"...The baby looks at them with awe, they pause a bit more and then they both sneeze together. The baby laughs; then he looks up at father, at mother, anticipating the next round. The parents go on... the excitement rises with each turn, until they all break into a joint laughter (Stern, 2008b).

Of this dynamic dance of interaction, he commented:

The dynamic forms are numerous. The parents' signals are different, to some extent – the father's firmer movements and low voice contrasting with the mother's smoother movements and higher voice, but both on the same rhythm and tune...etc. The diversity makes for the richness of the stimulation; but they are sufficiently synchronized and coordinated to form together with the baby's responses an overarching Gestalt... At the level of the threesome, it begins with a well marked staccato, in three steps, then a pause, then the sneezing explosion...etc." (Stern, 2008b)

Finally, the parallels between choreography and human interaction were great inspiration for Daniel Stern; and for me, his last book on "Forms of Vitality" (2010b) is the most fundamental of his works. At heart it examines how we know that we are alive; and it captures his style which was the very embodiment of human vitality and will remain alive in our minds.

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From South Africa – Personal Reflections on Prof Dan Stern

By Astrid Berg, Cape Town, Western Cape Association for Infant Mental Health, South Africa

Prof Dan Stern's work became known to me in 1995, after the first Conference on Infant Mental Health was held in South Africa. With my interest in babies awakened, I bought and studied his book "The Interpersonal World of the Infant". It has remained my most referred-to text since that time. Prof Stern's ability to bring together the internal, subjective world of the baby with the objectively researched infant has been for me his greatest gift. He built a bridge between what is intuitively known, what psychoanalysts have grappled with over many years, and the infant in the laboratory - measured, videotaped and coded. He did so in a deceptively simple way with straightforward language – all of this is only possible when there is in-depth knowledge of both fields. For these insights and for creating this bridge I remain forever grateful to Dan Stern.

In the year 2008 I had the pleasure of seeing and experiencing him twice – I will start backwards, with the more personal meeting in November of that year.

This was at a Conference in Milan, Italy on «The Body from - 1 to 6 years - Drive, Phantasy, Emergence» and was held under the auspices of the International Association for Analytical Psychology. Dan Stern himself did not speak, but had come to listen and also to confer with Alessandra Piontelli with whom he was doing some research at the time. I met with him per chance one morning in the breakfast room of the hotel – he had a freshly squeezed orange juice and I remember him looking not well, but his mind was full of vigour. He spoke about the research, which, if I recall correctly, he was conducting with a team in Geneva on the intentionality of fetuses. He was working with a group of mathematicians who were calculating the trajectory followed by fetuses moving their arm towards the uterine wall, thereby trying to ascertain the probability of intent. I am not at all sure whether I had understood this correctly and whether

my recollection now is accurate – but this is what I remember and what I carry with me. I was amazed and in awe: what a productive, creative and innovative mind he had, how his curiosity was alive and intense – I was deeply moved but also concerned about his physical infirmity.

The other time I saw him was a few months before, at the WAIMH Congress in Japan in August 2008. He delivered a plenary address "Perspectives on Infant Mental Health" and focussed on the state of research generally speaking and in particular as it relates to infant mental health. It was an erudite, provocative 'call to action' which I will never forget. Stern challenged many sacredly held beliefs on the reductionist approach of research that breaks up the whole into tiny pieces – the 'higher order' which the infant is capable of, is being dissected and ultimately rendered meaningless; he challenged evidence-based medicine, stating that we understand enough, that in the field of infant mental health it is time to do something else, to redress that which has been lost. What has been lost is that what babies need, namely mothering – we have more than enough evidence for this. He made an appeal to 'go big', to hold concerts with rock stars, and mobilize the people, so that the politicians may realize that the vote, the power lies with women and men who wish to reclaim the importance of parenting.

This was a man, frail long before his time, in obvious physical distress, but he was, until the end, bold; he had the courage to say what many of us may think, but dare not utter. His mind was colossal and deep, it had huge capacity for both analysis and synthesis; his spirit had the conviction, the daring to challenge and to swim against the stream. The world lost him too early and too soon. Our thoughts are with his family and friends.

Meeting Daniel Stern

By Kaija Puura, WAIMH Associate Executive Director, Finland

I met professor Daniel Stern for the first time in a small Congress in Riga, Latvia in 1994. We were both attending the City reception and he happened to stand beside me while we were waiting for the ceremonies to begin. He politely asked who I was and I naturally told him that I had read his book *The Interpersonal World of the Infant*, and that it had absolutely loved it. With the cheek of a young researcher I also told him that I disagreed with him. «Oh, I'm interested to hear with what», he said. I told him that I thought that sense of being would come before sense of becoming. He smiled at me warmly with a glint of amusement in his eyes and said «Well, that is a possibility, but I think I'll stand behind my own opinion.»

I met him several times after that in various WAIMH Congresses but thinking of our first encounter always brings a smile to my face. I remember him as a warm person, who treated everybody with respect and was curious about people and their ideas, while at the same time standing firmly behind his own.

Reflections from Turkey

By Elif Gocek and Nese Erol, Turkey

We, as the Turkish scientific community, would like to express our profound grief and deep sorrow for the loss of Dr. Stern. Some people simply watch history, some people truly make history. Dr. Stern truly made history through his research, observations and profound expertise in infant development. He made exceptional theoretical contributions to our understanding of «infancy» and «motherhood» that continue to influence every researcher in this field to this date. Dr. Stern was a great thinker who dedicated his life to promoting «Infant Mental Health». From the very beginning, his comprehensive research, vision and expertise enlightened and inspired many professionals who are working with infants and their families. Dr. Daniel N. Stern's contributions to science and his legacy will continue to inspire many Turkish professionals for many more generations to come.

Memories of Dan Stern

By Daniel S. Schechter, M.D., Switzerland

As for many of us at WAIMH, Dan Stern represented an ideal-- someone who was passionate about and successful in working with infants and parents. He observed, created, and challenged existing paradigms. He enjoyed life in all its aspects. I consider myself very lucky and privileged to have crossed his path professionally and personally in both of his, in fact, now our hometowns: New York and Geneva. Having first been enthralled with the *Interpersonal World of the Infant* when it was hot off the press back in 1985, as shared by one of his/our early mentors Eleanor Galenson at Mount Sinai's Therapeutic Nursery in New York, and then having gone on to do my own training in psychiatry and psychoanalysis where he had been (Columbia), with my interest in infancy, parenting, intersubjectivity, and observational research using microanalytic techniques. I remained a fan. It was serendipitous and not at all directly related to the Sterns that I was recruited to the University of Geneva and affiliated hospitals to do parent-infant clinical work and research, this being where Daniel Stern worked in the late '80s before moving to the Faculty of Psychology. Unfortunately, by the time I arrived in 2008, Dan Stern was already in poor health. But, I will always treasure the moments that I was so lucky to have shared with him together with his wife Nadia. Here are two memories, one from either side of the Atlantic:

New York

I was finishing my child and adolescent psychiatry residency in New York in 1998-99. I was feeling very inspired and proud of my work with a very traumatized mother and her toddler (A case as it would turn out that set the stage for a program of research on which I am still working to this day). I was asked by Ted Shapiro at Cornell to present my videos and write-up to none other than Daniel Stern. I started by presenting the history and the context of the videotaped material that I was going to show, proud of my frame-by-frame microanalyses that I had gone over with Beatrice Beebe, a supervisor of mine at Columbia. Stern abruptly interrupted me and said :

«Cut!» «Stop talking and just roll the film...otherwise you are asking us to see what you see-- maybe we will see something else. You can talk later.»

I felt like someone had poured a bucket of cold water on my head. But then, after the shock, it was refreshing as I «let the interaction tell the story...» as he would write later, in the book, *The Present Moment in Psychotherapy and Everyday Life*, following from his work with Boston Process of Change Group.

Letting the interaction tell the story involved learning how to jump into the moment(s) of interaction and stay there with as little memory and desire as possible. By practicing this, I could then discern just by paying very close attention to the sweep of action over time or «the dance» as he called it, the «gestalt» of this mother-daughter relationship without knowing «the story.» As Theodor Adorno once noted in his *Quasi una Fantasia : Essays on Modern Music (1963/1998)*, narrative language or telling can obscure meaning; whereas music and, by extension, Stern's dance or showing can reveal meaning in far greater complexity and richness.

While nobody could quite get what the story might have been exactly before I told what I knew of it, it did not matter as much as I had thought. Everyone in the room knew already that it was a story of horror, suffering, and loss, but also of attempted repair and great strength on the part of a traumatized inner-city mother. And that is what mattered most. We had all dived into the moment with the coaching by Dan and we were all refreshed.

Geneva

In 2008, when I was recruited to Geneva to run the pediatric consult-liaison unit and to continue my program of clinical research on traumatized mothers and very young children, my wife Christine-- also as a speech-language pathologist having read and been a fan of Dan, the kids and I all took up Nadia and Dan Stern on their gracious invitation for tea in their home in Chêne Bougeries, a nearby suburb of Geneva. It was a beautiful day in early summer. I was sitting with Daniel Stern in the Sterns' magnificent garden. We were sharing recipes (we both enjoyed cooking and had similarly Eastern European grandmothers who had made very rich deserts) while jointly attending with him to the largest sage bush that I had ever seen. He was not so keen on walking. And

so we both just sat and chatted outside while Christine, Nadia, and the kids stayed in the house. Then, all of a sudden, he said, «Shhh... listen... and look». We both lost ourselves for what seemed like a long while looking into the universe : the Sterns' enormous sage bush filled with flowers, flitting butterflies, and bees. We had both caught a glimpse of a brilliantly colored but very tiny hummingbird that he had spotted. We shared what for me will be an ever-present moment that was inspiring and beautiful. It reminded me that if you don't take time to stop and look and listen, you will never see the hummingbird--it will have too quickly flown away, unrecognized. The motif of diving into the present moment-- the sage bush, and savoring it, was once again refreshing and inspiring. I saw something I would not have seen and there were no words to get in the way.

Such was my schema of «being with Dan Stern» that helped change the way I do things, a variation on that of being with him in the clinical conference at Cornell in New York, that had transformed my afternoon with him in his garden in Geneva. Having taken in this wonderful afternoon's interaction with him, I still draw on these memories in my work and elsewhere-- as a parent, when words and explanations or theories seem too important and not so helpful.

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Daniel Stern, In Memoriam

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In the wide field of infant and child development and psychopathology, Dan Stern played a major role all throughout his fascinating career. I like to think that among the results of his work was the opening up of psychoanalytic theory to early development and its practice.

We have to remember that as psychoanalytically-trained child psychiatrists we had to imagine how early child development took place - until child analysts developed sophisticated instruments which gradually showed that the first years of the child happen in the context of more and more complex interactions with the parental environment and that they are crucial for the outcome of the adult. Daniel Stern was a pioneer in such microanalysis of infant-mother interactions. In his book, *The First Relationship: Mother and Infant* (1977), he wrote :

« Somehow, in this brief period that I shall call the first phase of learning about things human, the baby will have learned how to invite his mother to play and then initiate an interaction with her; he will have become expert at maintaining and modulating the flow of a social exchange; he will have acquired the signals to terminate or avoid an interpersonal encounter, or just place it temporarily in a «holding pattern». In general, he will have mastered most of the basic signals and conventions so that he can perform the «moves and run off» patterned sequences in step with those of his mother, resulting in the dances that we recognize as social interactions. This biologically designed choreography will serve as a prototype for all his later interpersonal exchanges » (Stern, 1977, p. 1).

It is in the course of such work that Stern developed his theory of development of the self within the context of an interpersonal world, around concepts which are manifestations of development within a social network : representations of interactions that have been generalized (RIGS), evoked companions, self with other.

It is also interesting to remember that Stern's ideas often came in conflict with analysts who seemed to think that this emphasis on observed interactions and environmental influence was felt to be a threat on the internal, imaginary life of the child. This conflict was dramatically shown in a meeting held in London where André Green and Dan came into an intense struggle (Sandler et al, 2000). Green accused Stern in particular (as well as Robert Emde and Peter Fonagy in the same volley) of trying to destroy psychoanalytic theory by replacing it with a non-psychoanalytic, so-called scientific psychology. In response to this accusation, Stern suggested that infant observations could lead to hypotheses most pertinent for psychoanalysis.

Such work did not stay at that hypothetic level and led to most important papers on factors of change in psychotherapy : «... even in a "talking therapy", a vast amount of therapeutic change occurs in the realm of procedural knowledge that is not conscious, especially implicit knowledge of how to act, feel, and think when in a particular relational context (implicit relational knowing)». (Stern, 1998, 307).

That the relationship is a factor of change came again in Dan's work in his discussion of several papers on early intervention with disadvantaged parents where he writes :

«... The largely unpredictable products of their interaction become the subject matter that brings about change...the process of interrelating, itself, brings about change...it brings about new experiences, feelings, insights, and interactional skills ». (Stern, 2006, 3).

We will all miss Dan's presence and his unique way of elaborating his thinking. We will also remember him through our therapeutic work that now has to integrate the fundamental idea that therapist and patient are in the process of living a new relationship which may lead to a significant transformation.

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THE CLINICAL RELEVANCE OF INFANCY: A PROGRESS REPORT

DANIEL STERN

ABSTRACT: In the past few decades, findings from infant observations have played a key role in the following selected areas: (a) The emphasis now is on interpersonal and intersubjective processes rather than on intrapsychic processes. This is a paradigm shift towards a two-person psychology. (b) The elaboration of the attachment domain has reoriented our views of development and treatment. (c) The success of extended home-visiting programs as a preventive measure for parents and infants at risk has brought an agonizing reappraisal of what makes prevention (and therapy) work. (d) By default, the baby's world is nonverbal. This has led to a productive reexploration of unconsciousness, especially the domain of implicit knowledge. For the future, the following are some of the areas of great promise: (a) Attachment, love and "holding" must be disentangled. (b) We must study how and when the mirror neuron system gets micro- and macroregulated. One is not always open to empathic reception. (c) The articulation between the nonverbal (implicit) with the verbal (explicit) needs far more study. (d) The nonspecific factors of psychotherapy seem to be the most important in bringing about change and prevention. We need a greater systematic study of the nonspecific. (e) The triad and quartet, and so on need further exploration. (f) There are many more, but the beauty of research is that you can't know where it will go next.

RESUMEN: En las últimas décadas, los resultados obtenidos de las observaciones a infantes han jugado un papel importante en las siguientes áreas específicas: (1) El énfasis ahora se pone en los procesos interpersonales e intersubjetivos, en vez de los procesos intrasíquicos. Esto representa un cambio de paradigma hacia una sicología de dos personas. (2) La elaboración del campo de la afectividad ha vuelto a orientar nuestras opiniones del desarrollo y el tratamiento. (3) El éxito de los programas de extendidas visitas a casa como una medida preventiva para progenitores e infantes bajo riesgo, ha resultado en una agonizante revaloración de qué es lo que hace que la prevención (y la terapia) funcione. (4) De hecho, el bebé vive en un mundo no verbal. Esto ha llevado a una productiva vuelta a explorar el concepto de inconsciencia, especialmente el territorio del conocimiento implícito.

Para el futuro, las siguientes son algunas de las áreas de gran promesa: (1) La afectividad, el amor y el apoyo se deben tratar por separado. (2) Debemos estudiar cómo y cuándo el sistema del neuro espejo es micro- y macrorregulado. Uno no está siempre dispuesto a la recepción enfática. (3) Se necesita estudiar mucho más la articulación entre lo no verbal (implícito) y lo verbal (explícito). (4) Los factores no específicos de la sicoterapia parecen ser los más importantes para lograr el cambio y la prevención. Necesitamos un mayor estudio sistemático de lo no específico. (5) La tríada y el cuarteto, etc., necesitan

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mayor exploración. (6) Hay muchos más, pero la belleza de la investigación radica en que no se puede saber a dónde se le llevará después.

RÉSUMÉ: Ces trente dernières années les résultats d'observations de nourrissons ont joué un rôle clé dans ces domaines: (1) L'accent est désormais placé sur les processus de communication et les processus intersubjectifs plutôt que sur les processus interpsychiques. C'est un glissement de paradigme vers un psychologie à deux personnes. (2) L'élaboration du domaine de l'attachement a réorienté nos perceptions du développement et du traitement. (3) Le succès de programmes de visites à domicile de longue durée en tant que mesure préventive pour les parents et les nourrissons à risques a amené un réexamen déchirant de ce qui fait marcher la prévention (et la thérapie). (4) Par défaut le monde du bébé n'est pas verbal. Ceci a mené à une réexploration fructueuse de l'inconscient, surtout le domaine de la connaissance implicite.

Quelques domaines très prometteurs pour le futur sont les suivants: (1) L'attachement, l'amour et le fait de tenir le bébé doivent être démêlés. (2) Nous devons étudier quand et la manière dont le système de neurone miroir se micro- et macro-régule. On n'est pas toujours ouvert à une réception empathique. (3) L'articulation entre le non-verbal (implicite) et le verbal (explicite) a besoin d'être plus étudié. (4) Les facteurs non-spécifiques de la psychothérapie semblent être les plus importants lorsqu'il s'agit de changement et de prévention. Nous avons besoin d'une étude systématique plus poussée sur le non-spécifique. (5) La triade et le quartet, etc, doivent être plus explorés. (6) Il existe bien d'autres domaines prometteurs, mais ce qui est beau dans la recherche, c'est qu'on ne peut pas savoir la direction qu'elle prend.

ZUSAMMENFASSUNG: In den vergangenen Jahrzehnten haben die Ergebnisse der Beobachtung von Kleinkindern eine bedeutende Rolle in diesen Gebieten gespielt: 1. Es wird nun mehr Wert auf die zwischenmenschlichen und intersubjektiven Prozesse gelegt, als auf die innerpsychischen. 2. Die Ausarbeitung der Bindungstheorie hat unsere Ansichten über Entwicklung und Behandlung neu orientiert. 3. Der Erfolg der ausgedehnten Hausbesuche als vorbeugende Maßnahme für Eltern und Kinder mit erhöhtem Risiko haben bestürzende Erkenntnisse zu den Fragen was Vorbeugung (und Therapie) wirklich bringen kann, gebracht. 4. Es ist einfach so, dass die Welt des Babys nicht sprachlich ist. Dies hat zu einer produktiven Neuuntersuchung des Unbewussten, besonders im Bereich des impliziten Wissens geführt.

Für die Zukunft sind dies die vielversprechenden Gebiete: 1. Bindung, Liebe und „Halten“ müssen unterschieden werden. 2. Wir müssen untersuchen, wie das Spiegelneuronensystem mikro- und makrogesteuert wird. Man ist nicht immer zu einer empathischen Reaktion im Stande. 3. Die Verbindung zwischen dem Non-verbalen (impliziten) und dem Verbalen benötigt noch mehr Studien. 4. Die nicht spezifischen Faktoren der Psychotherapie scheinen bei Veränderung und Vorbeugung die bedeutendsten zu sein. Wir brauchen größere, systematische Studien der nicht spezifischen. 5. Die Triade und das Quartett benötigen weitere Untersuchungen. 6. Es gibt noch viele andere, aber die Schönheit der Forschung bringt es mit sich, dass man nicht weiß was als nächstes kommt.

抄録：過去数十年間、乳幼児観察は、以下の選ばれた領域で重要な役割を果たして来た。(1) 強調点は、精神内界のプロセスではなく、今や人と人との間主観的なプロセスに置かれている。これは二者心理学 two person psychology へのパラダイム・シフトである。(2) 愛着の領域の精緻化は、発達と治療に関するわれわれの視点に、新しい方向を与えて来た。(3) 拡大した家庭訪問プログラムが、危険な状態にある親と乳児のための予防的手段として成功したことから、何が予防（と治療）的作業となるのかについて、苦汁の再評価がもたらされてきた。(4) 初期設定により、赤ちゃんの世界は非言語的である。これは、無意識の、特に暗黙知 implicit knowledge の領域の、創造的な再調査につながった。将来は、以下にあげる領域が、非常に有望な領域のいくつかである。(1) 愛着と、愛と「抱っこ holding」の絡まり合いは、ほ

どかれなくてはならない。(2)ミラーニューロン・システムが、どのように、そしていつマイクロとマクロに調節されるのかを、われわれは研究しなくてはならない。人にはいつも共感的な受容の余地がある訳ではない。(3)非言語的な(暗黙の implicit)ものと、言語的な(判然とした explicit)もの間を明確に表現するには、はるかに多くの研究が必要である。(4)精神療法の非特異的要因は、変化と予防をもたらす上で、最も重要と思われる。われわれには、非特異的要因について、より大きな系統的研究が必要である。(5)三者関係、四者関係などは、さらに研究が必要である。(6)もっとたくさんの領域があるが、研究のすばらしさというのは、次にどうなるかをあなたは知ることができない、ということである。

* * *

It is a very special pleasure for me to be presenting the Serge Lebovici Distinguished Lecture. Serge Lebovici was somebody very important to me; he introduced me to French thinking in our field. I learned much from him. I respected him a great deal, and still do, and I grew very fond of him. So I want to thank the scientific committee for giving me this opportunity to honor him and to talk under his sign.

Today, we see babies and we see psychotherapy and prevention of parent–infant interactions differently than we did at the last WAIMH meeting, and certainly very differently from the way we did 10 years ago. What I would like to do is to bring up three key ideas that have played a role in this shifting perspective. I would especially like to talk about the implications of these ideas, in particular, for clinical domains.

These key ideas are not at all new; they have been around for a while. What is new is that we are starting to see their implications. What happens is that we accept these new ideas, but we do not explore them very far because in our daily lives we have many other things to do. Nevertheless, they are powerful ideas deserving fuller exploration. This is what I hope to do in this article.

KEY IDEA 1: A SHIFT FROM A ONE-PERSON PSYCHOLOGY TO A TWO-OR-MORE-PERSON PSYCHOLOGY

The first key idea or perspective has to do with the progressive shift from a one-person psychology to a two-person (or more) psychology. We all talk about it, and know about it. The question is “Do we realize its full implications?”

The traditional model in clinical psychology is to describe the therapeutic process as a largely linear, causal process. This seemed to be more compatible with a one-person psychology, especially the traditional psychoanalytic model where the therapist is assumed to be “neutral.” Yet, as we shall see, much of what happens is neither linear nor causal.

When we are in the middle of a psychotherapy session, we are often lost. We don’t know what the other person is going to say next, and we don’t know what we are going to say next until we open our mouth and say it. This is the reality of the therapeutic situation—perhaps more so when we are in a triad or quartet. In supervision, what we usually do is tell what happened in a session at the end of the session, after it happened. Then it looks linear, coherent, and all nice. The reality is that when we are in the middle of the session, we are lost. And that’s true regardless of how experienced we are. Or perhaps, if we are more experienced, we are even more lost because we are not holding onto our theory with such tenacity, and we have come to accept a degree of lostness from time to time.

A causal, linear model well describes what happens, but only for certain stretches of a session, then a nonlinear, noncausal model describes better for other stretches. They alternate as optimal descriptors. Even when considering a single individual, the variables from the past, the present, and the immediate context operating at any given moment are too vast and interacting to permit causal progression and linear coherence.

With triads and larger groups, the variables and their potential interactions are multiplied. It would appear logical that the world would become less linear, and less predictable. And what happens is more spontaneously co-created, very sloppy, full of errors and repairs, and sudden direction changes; however, this need not be so. Both individuals and groups can behave in very ritualized (even stereotyped) ways where the next sequence is highly predictable. And they can both flip into a nonlinear, noncausal mode where co-created, on-the-spot, emergent properties arise to confound prediction.

To deal with this reality, we need to be aware of the nonlinear, noncausal models that already exist, such as dynamic systems models and complexity theory models. These models have been described elsewhere (e.g., Edelman, 2000; R. Fivaz, 2000; Prigogine & Stengers, 1984; Varela, 1996). These models are now being widely used (e.g., Thelen, Smith, & Thompson, 1994). But in parent–infant clinical work, we don't use them much. This is what we have to begin to do if we are to move beyond where we are now. The beauty of these models is that they were designed specifically for situations that are complex, unpredictable, and nonlinear; more specifically, where things change suddenly and the changes are not progressive, they occur in jumps, bringing discontinuity, and where you can't explain why something changed exactly as it did or when it did. So, we need to understand and use a model for describing this kind of process because this is what we are really dealing with.

Here is another problem for us. How do we deal with the fact that these spontaneously co-created, emergent properties arise in moments of change, in turning-point moments that occur in seconds? How do we understand this? What in the world is a turning-point moment? In fact, what in the world is a moment? What is a present moment? And this poses a huge problem. It is another implication of what we have to think about in a two-person psychology or a three-person psychology. If changes are going to occur, in a moment, in a short period of time, we best understand it.

Now, a moment is a very complex thing. It has to do with how we view time. I have spent a lot of time considering this because it is so fascinating. There are probably two main ways to look at time, both of which have been coined by the ancient Greeks. The first is *chronos* that everyone knows about and that has been used by the natural sciences and most of psychology and psychiatry. In this view, you have the present instant which moves evenly, all the time. As it moves, it eats up the future as it passes and leaves the past in its wake. But it is just a point. It is very, very thin. It is so thin that nothing could happen in it before it becomes the past. There is no such thing as the present moment. But that's contrary to how we experience our lives. We experience our life as being directly lived in the here and now. The now, a present moment, has a duration. It has its own temporal unfolding. The ancient Greeks had another word for that: *kairos*. *Kairos* is the moment of opportunity. It is a moment of coming into being. It is the moment when all of a sudden, things come together, unpredictably, and we have a small window in which we can act. And if we act in that window, we can change our destiny. If we don't act in that window, our destiny changes anyway precisely because we didn't act. What I propose is that most moments of our lives when we are awake are essentially moments of *Kairos*. The consequences of any given present moment can be very great and can change our

life course, or the consequences can be very small because they only determine what we are going to say or do next, or what the mother is going to say next, or what the baby is going to do next. But these present moments determine the future in a way that cannot be predicted until it happens.

The other thing about the present moment is that if we are going to move towards any kind of clinical situation which is oriented towards the subjective or the phenomenological, we have to recognize that one is only alive subjectively, “now.” Now is the only time when we are having direct, real experiences. This is the only time when we feel what is going on. A memory happens now, it doesn’t happen back then. An anticipation doesn’t happen in the future, it happens now. There is no escaping from this reality. So when we talk about the here and now, we are talking about present moments, and each of these is a moment of *kairos* (Stern, 2004).

There is another implication of a *kairos*. We, as baby watchers, are in the habit of seeing things in very short time units; taking 1 to 10 s, 3 or 4 s on average. The mother does this, the baby does that, the facial expressions form, the body goes tense or relaxes, and so on. The interaction is a fast back-and-forth. Our basic unit to understand an interaction is seconds, or even split seconds. This is not the case when we are discussing meaning. Meanings can develop and become deeper over a longer period of time.

If our basic unit is a present moment, which also is a turning point that determines the future, then we have entered into a new domain of what I will call “nanopsychology.” We are familiar with this scale of events. It is interesting that when physicists moved into nanophysics, they found that the rules of classical physics no longer held. And the basic units of the universe also changed. So as we move into nanopsychology, we are going to have to reconsider some of our basic thinking, both clinically and theoretically. This is an issue for our future.

Of course, longer periods and sequences of present moments are very important. That is where representations get accumulated and built. But what are they built of? They are built of these moments strung together, generalized, prototypicalized, and so on. So we don’t really get away from present moments.

Another shift that goes with the movement towards a two-person psychology is that more and more people look at triads and quartets and larger family groups that include infants. Here, the work of Elisabeth Fivaz, Antoinette Corboz, and their colleagues in Lausanne stands out (Fivaz-Depeursinge & Corboz-Warnery, 1999). I must say that until I met the Lausanne group, I considered a triad to be nothing more than three dyads at play at the same time. It took me a long time to realize that there is another entity called “the triad.” I think that my difficulty was not particular to me. Many of us who work with the dyad do not appreciate the systemic reality of triads, such as mother–father–baby or mother–baby–therapist. We say we know about systems theory because we are dealing with mothers and babies, and a dyad is already a system, but we don’t understand the depth of the system theory needed to fully understand the situation. We must spend a lot more time doing that.

Another implication of moving to a two-person psychology is that once you do that, you have opened up the space—in fact, the necessity—for intersubjectivity. Intersubjectivity is the means, the royal road to having two minds make any kind of contact about their shared ongoing experience. It underlines just about anything that we as clinicians hold dear, such as sympathy, identification, empathy, sensitivity, caring, and loving.

So, let’s look a little more closely at intersubjectivity. I am going to just summarize here the developmental aspects because I find them useful (Trevarthen, 1980). Probably, we are born with a capacity for intersubjectivity in some primary fashion, and it has its own developmental

course. I do not agree that all of a sudden there is “real” intersubjectivity at 5 years or 6 years because a theory of mind is accessible then. I find that unhelpful.

I think that we are born with intersubjectivity, and it then develops further in various steps over time. I think that neonatal imitation uses intersubjectivity in a primitive form (Meltzoff & Moore, 1977). Pointing at 7 months or affect attunement around 9 months could not happen unless there was some capacity for interattentionality or interaffectivity between two people, so again, intersubjectivity is clearly present (Stern, 1985). The other finding that is very convincing is the work of many people such as Meltzoff and his colleagues on the fact that what matters to infants after the first birthday is not what you do but what your intention is (Meltzoff, 1995). In other words, infants spend their lives noticing the intentions, unseen behind the acts, and not the seen actions themselves.

In one of Meltzoff’s experiments that I love, the experimenter takes an object that is novel and passes it over the mouth of a vase as if trying to drop the object into the vase. At first pass, he drops the object short of the vase. It falls on the table. On the second pass, he drops it beyond the mouth of the vase. He never gets the object to fall into the vase. The baby is sitting there, watching. He then sends the baby home. The baby comes back the next day, and he picks up the object and puts it right into the vase, without hesitation. This is what babies do in many other experimental situations (Rochat, 1999).

Relevant to this, neuroscientific studies show that we have, and presumably babies have, “intention detector centers” (Ruby & Decety, 2001). So whenever an intention is enacted, this detection center discharges. This speaks to the profound importance of reading other peoples’ intentions, a quintessential act of intersubjectivity. Remember by intersubjectivity I mean being able to participate in and, in some way, sense or know about the other person’s experience. If the other person is experiencing an intention, you can capture it.

One of the interesting things that happens later on is when children get to be 3 to 5 years old, and they are not in the classroom and are playing freely and unsupervised with their peers. What is very clear is that they spend most of their time imitating one another, tricking one another, teasing one another, and lying to one another (Dunn, 1999; Reddy, 1991). This is what that world is all about. In the classroom, they learn about things in the world that are more orderly and nice, largely explicit knowledge, but in the playground and on the street, they learn about the reality of human social interchange. For that, you have to be able to lie and trick and cheat. To some extent, lying is one of the landmarks of development because it is proof that you know what is in another person’s mind to some extent, enough to be able to do something that the other person did not realize was going to happen. Therefore, it isn’t simply a morally bad thing, but it is a positive mark of development.

There is another interesting observation. From 6 to 12 years of age, recent studies have shown that most children in all cultures studied have imaginary companions. We thought that children let go of these earlier, but apparently, however, the growing mind seems to need this kind of intersubjective contact. This is another example of a developmental step of the intersubjective need.

The final implication of this move to a two- or three-person psychology instead of a one-person psychology has to do with a move towards the social and the cultural spheres and away from the individual. So many capacities of infants and children in development come about through dialogue with other persons. Those capacities won’t emerge if the infant is not in dialogue with other minds. Language doesn’t happen without the dialogue (That’s where language really emerges and gets hammered out.); there has to be an equipment, but there has to

be a dialogue (Tomasello, 1999). Morality is dialogic, even reflective consciousness within one person is dialogic in origin (Stern, 2004). Everything of great affective and social importance, like joy, is grown in this dialogue with other minds. Of course, this is where intersubjectivity becomes so essential. We have to identify and describe the dialogic atmosphere in which the child's mind grows because the atmosphere is a matrix of the traffic with other minds. Babies develop with the intentions, affects, beliefs, thoughts, and actions of other people impinging at every moment of their lives, except those moments when they are alone. From these interactions, their minds will form and be maintained.

KEY IDEA 2: IMPLICIT KNOWLEDGE

The second key idea has to do with the importance and the scope of implicit knowledge. This is something that has been sneaking up on us. By implicit knowledge, I refer to knowing and memory that is nonverbal, nonsymbolic, and nonconscious, as compared to explicit or declarative knowledge. Largely through the study of infant development and therapeutic process work (The Boston Change Process Study Group, 2002; Lyons-Ruth, 1998; Stern et al., 1998), what we call "implicit relational knowing," because it is about the ways of being with someone, has emerged as an important construct.

Implicit knowledge used to be what we call *sensorimotor intelligence*, or *procedural knowledge*. These are no longer adequate terms. Implicit knowledge, we realize now, includes affects, nonverbal concepts, expectations, and representations, but in a different code from the symbolic code. The concept of what is implicit has expanded enormously. We also have learned that for the most part, the baby's implicit knowledge does not turn into explicit linguistic verbal knowledge when she or he acquires language. We often describe infants as "preverbal," or "prelinguistic," but these are so often, in my mind, misused terms. While "pre" means before, it also means and carries the connotation of being an early form of, a precursor, turning into. For instance, I can see that babbling may be considered prelanguage. But what about shaking the head no? I don't see that as prelinguistic. I think that you learn to shake your head before language, and you also can shake your head when you learn to say "no." You shake your head all your life, and you shake your head when you say "no" and when you don't say "no." It is part of the repertoire which is independent, although very tied to the verbal "no." It looks like a precursor, but it is not. In addition, we don't think about walking as a prerunning event. Implicit knowledge does not disappear when we learn language, its repertoire simply becomes larger. We keep it throughout our lives, and it continually grows. My guess is that implicit knowledge of the social and emotional world is probably 80 to 90% of all such knowledge.

There are some research implications of this that are quite interesting. The first implication has to do with this extraordinary, fascinating movement from verbal to nonverbal and back and forth because the two have an awful lot of traffic between them. We are beginning to realize the existence and importance of nonverbal concepts in providing a base for linguistic concepts and meanings. Here, I am thinking of the works of Lakoff and Johnson (1999) and of McNeill (2005). They talk about "primary metaphors." These primary metaphors are not linguistic inventions or conventions. These are body concepts. They are implicit. And they are nonverbal and nonconscious. An example of a primary metaphor would be as you move through space, even if you are crawling like a baby, and you go from one place to another place and then you stop, and then you start again and change the direction of where you go and the place at which you arrive. All of that is known in experience, implicitly. So now, if I say "Well, in

the relationship that I had with her, we only *went so far*, then *we stopped*, *we stopped moving*, and . . . we got stuck there for a while, and then we both *went in our different directions*.” Where do the italicized words or phrases come from? “We only went so far.” Where is far? “We stopped.” Where is “there?” The point is that the verbally transmitted knowledge rests upon body knowledge of movement and time and space—upon the implicit knowledge of the body in the world. There are a multitude of these primary metaphors that are nonverbal concepts that language can use and build upon. This is a very promising area for looking for the relationship between the verbal and the nonverbal.

The most interesting thing about implicit knowledge with regard to clinical application is that implicit knowledge contains representations, affects and memories, and nonverbal concepts. This begins to have important clinical implications. How much of what we usually think of as the dynamics of past experience will get subsumed by our notions of implicit knowledge? Are we in the process of rewriting psychodynamic theory? Let me explain.

Will implicit knowing and its subcategories start to absorb concepts such as transference, countertransference, primary fantasies, or relational past experiences that bear on what happens now? Are these not all implicit relational knowings? Trauma might be a separate entity, but we don’t know that yet. What I am saying is that there is a crisis now going on about what we are going to do with the past, with fixations, trauma—all of the past that impinges on the present. As we start thinking about the past differently by virtue of this expansion of the concept of implicit knowing, the dynamic unconscious of classical psychoanalysis, that which is under repression, gets relegated to a very small part of everything that is not consciously available. So we have to think more about this constructive crisis, and we have to figure out to what extent this particular key idea and its implications are going to alter our research strategies and our clinical practice because it seems to me that the implications are very far reaching for the future.

KEY IDEA 3: NONSPECIFIC FACTORS IN THERAPY

The final idea that I want to mention has to do with the nonspecific factors in treatment that, once again, we all know about. Most of us have been dragged kicking and screaming to the realization that what really works in psychotherapy is the relationship between the therapist and the client. That’s what does the work. We are all devastated by this reality because we spent years and a lot of money learning a particular technique and theory, and it is very disheartening to realize that what we have learned is only the vehicle or springboard to create a relationship—which is where the real work happens. But that is where it is, from my point of view. We need to have a technique, and we cannot have a technique without a theory. We have to do something and act like we know what we are doing in a therapy session, otherwise we cannot create a relationship. The relationship, of course, is not symmetrical, but we need not delude ourselves that the technique is what achieves most of the results.

The reason I say this is the following: Outcome studies, which are always painful to clinicians, show that it doesn’t matter too much which technique we apply. If we have been well trained, we believe in the technique, and we have some experience, all of our techniques cure roughly equally (Frank & Frank, 1991; Parloff, 1988; in parent–infant psychotherapy: Stern, 1995). And if we combine treatments, our effectiveness might improve a bit. If we add drugs, that also may increase efficacy. But basically, there is something at work that is common to every therapeutic approach: the nonspecific factors built into the relationship. This realization greatly upsets therapists with strong beliefs in their approach.

People who do brief psychotherapy with parents and infants find that one can achieve results quickly, but are they lasting? In some cases they are, but in most cases they are not lasting. What really happens is that the parents need to reapply some kind of therapeutic maneuver—1 month, 3 months, 6 months later, whatever—to bring therapeutic attention to the new situation that they find themselves in with the baby, who is developing so rapidly. Now the baby no longer has a feeding problem but does have a problem with aggression or anxiety. Brief psychotherapy, most often, is a first step in a series of follow-ups of one kind or another.

The third observation is the success of home-visiting intervention programs. I think this is very important, and it speaks very loudly to us. I am talking here about the work of many here at the Congress (Ammaniti et al., 2006; Boris et al., 2006; Lyons-Ruth, Connell, Gruenebaum, & Bostein, 1990; Olds et al., 1997; Zeanah, Boris, & Larrieu, 1997; Zeanah, Larrieu, & Naggle, 1998) who have all shown in one form or another that some kind of home visiting seems to be extraordinarily useful prevention for people who are at risk for one reason or another. What is interesting about these programs is that they are often conducted by non-mental-health professionals. Most of the people who are doing home visiting have not been trained extensively to do it. Instead, they are highly selected for being experienced mothers and generally kind with people. They receive supervision and support, but basically they are improvising. They do establish important relationships with the people at home with whom they visit. The results of these studies are fascinating because they show in large part that this kind of intervention has superior results to other methods that have tried to prevent adverse long-term outcomes.

There is a caveat to this general assertion: The home visitor must visit the home over a long time and frequently. Most of the programs provide once-a-week visits for a minimum of 12 months, optimally 18 months according to some studies. Each of the studies is slightly different, but the basic story is: You get a non-mental-health professional who goes to the home, and without specific training establishes a relationship, deepens the relationship—once a week over 12 to 18 months—and the families fare far better than those with similar risk status who do not receive the intervention. Given this situation, we must reexamine what we are doing and what our therapy is really about, how we train people, and how we select them. This requires an agonizing reappraisal of what we consider to be the work of child psychology and psychiatry in the clinical sense. I am not sure how we are going to resolve this because it is not an easy challenge.

What then are the nonspecific factors that make these relationships so successful therapeutically? We are beginning to pay more attention to these factors that we call by different names. One of the heads of the World Health Organization, an extraordinary man named Benedetto Saracena (personal communication), mentioned a study on parent–infant psychotherapies drawn from all around the world. He said that all of the good programs have five things in common: (a) You've got to listen, (b) you've got to take the time, (c) you've got to support them, (d) you've got to be open and welcoming, and (e) you have to have an attitude in which suffering is as important or more important than illness. He went on to say that if you look at any society, what they do is that they all arrive at these same five principles, and they do these five things, but they all do it differently. The exact form depends upon the culture, the time, the place, resources available, the education system, but they all end up with the same five principles. They manage to put them into a system that is compatible with their cultural reality, which determines the technique, the theory, and the special conditions under which this goes on.

We have to look at our therapy from this perspective. How do we do this? We do have a number of names for the relationship which seems to be the largest therapeutic factor: the therapeutic

alliance, the holding environment, attachment or an attachment transference, transference and countertransference. These are our key terms and concepts when talking about the therapeutic relationship. We have to be clearer about these notions and incorporate the five nonspecific attributes in some way.

All of these terms and concepts are hugely overlapping, and to make any clarity here, we have to disentangle them. We also must make it clear what we mean by this or that term. No one from a particular school of thought can talk to someone from another school without a great deal of clearing away. We have to sit down and draw where the boundaries are to have clarity in the clinical situation and in the theoretical situation. For instance, I have a very hard time knowing where attachment leaves off and love begins, and where love leaves off and dependency begins, and how is that related to caring? The same applies to the boundaries of intersubjectivity. Now there are certain problems. People who do attachment research have what sometimes looks like an imperialistic view in which they incorporate “love,” “caring,” and “intersubjectivity” into the construct of attachment. People who study intersubjectivity appear equally imperialistic, and they tend to subsume everything into that construct.

For too long, we have avoided paying the necessary attention required to unpack the nonspecific factors in therapies and act on them. For instance, the selection process for most home visitors is to pick an older woman who has had a family and some experience. That is not crazy. The good business schools around the world won't take any student without experience, preferring 5 or more years out in the marketplace. I wish they would do that for doctors and lawyers, but that's a long way off. But it is as important for therapists.

In conclusion, we are clearly in a new phase and a new place here at the 10th meeting of WAIMH, and if we are going to lay the groundwork for different experiences between the 10th and 11th and 12th meetings, I think that we are going to have to take such key concepts and study much more their implications. We need to see, in fact, how and where they fit with what we really do. This, I think, will assure us a much clearer path into the future that we are all going to share.

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WAIMH membership and Affiliates membership renewal campaigns: Building synergy of action for 2013

By Maree Foley , New Zealand and Martin St-André , Canada

As the new year begins, it is time for many of us to renew our membership to various professional organizations. For infant mental health professionals, the offer seems at times a bit daunting: regional, national and international organizations; discipline-specific organizations, interdisciplinary organizations, clinically-oriented groups, academically-oriented groups. The diversity of our memberships reflects the richness of our affiliations and of our professional identity. But we sometimes end up feeling a bit torn between these various commitments, each organization claiming the importance of maintaining – and even increasing - its membership base for pursuing and developing its missions.

At the end of 2012, Affiliates presidents generously provided the Affiliates Council with their annual reports. Several observations emerge. First, Affiliates across the WAIMH family are broadening their repertoire of activities. They invest considerable effort to consolidate their organizational structure, and they create together hundreds of infant mental health educational and advocacy events in their various communities. Second, Affiliates report working very hard at renewing and even expanding their membership base. They report also the challenge of establishing new bridges among sub-

groups of infant mental health workers within their own community. For Affiliates, the challenge of maintaining membership is especially important in the economic context of most countries. For those of us living in neoliberal economies, it is more important than ever to emphasize the value of social solidarity and to protect society's most vulnerable members - including infants. A third observation gleaned from the Presidents' annual reports is that the mailing list of all the Affiliates totals near 15 000 persons and organizations. Hence Affiliates and their mailing lists provide a powerful vehicle for disseminating information and calling for actions across the WAIMH community.

For WAIMH and for the WAIMH Board, 2012 has been a watershed year for the enrichment of a bidirectional relationship with the Affiliates: supporting the necessary infrastructure of the Affiliates Council, prioritizing the discussion of Affiliates issues during Board meetings, catalyzing inter-Affiliates relationships, supporting the emergence of new Affiliates, and encouraging the creation of Affiliates-driven events for the next WAIMH World Congress. By deciding to provide free access to Perspectives in Infant Mental Health and by planning to facilitate the dissemination of conference material from the next World Congress, WAIMH has concretely demonstrated the extent of its prioritizing of Affiliates needs.

Why should you promote dual

membership to WAIMH and to your Affiliate in your Affiliate community?

By deciding to become a member of both WAIMH and of your Affiliate, you contribute directly to the expansion and to the enrichment of a reciprocal relationship between your Affiliate and WAIMH. You support the growth of your Affiliate by bringing in the scientific and transdisciplinary culture of WAIMH. You contribute directly to the nurturance of other Affiliates throughout the world and to the action of WAIMH for its Affiliates. And finally, you contribute to align the actions of WAIMH with the priorities that you notice from the perspective of your own community.

As 2013 gets under way, we wish you a most productive year for your Affiliate and we assure you of our ongoing commitment to support your input within the WAIMH community.

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Save the date

WAIMH 2014 Congress at the Edinburgh International Conference Centre June 14 – 18 – Babies: Their Contribution, Our Responsibility

The UK AIMH

By Jane Barlow, President, U.K.

AIMH UK was founded in 1997 by Dilys Daws who on a long plane journey back from meeting the Australian Sister Organisation (AAIMH) took the first steps in establishing the UK affiliate, which covers England, Wales, Scotland and Northern Ireland (see below). In 2012 we have a membership of around 400 individuals from diverse professional backgrounds including parent-infant psychotherapy, child psychiatry, health visiting, midwifery, psychology. We have also given birth to a six UK based sister organisations:

AIMH UK (NI)

Our regional office in Northern Ireland was launched on November 19th 2009, and is extremely pro-active with a good growth programme in place, and excellent PR recently with representation on Northern Ireland's main Radio Station.

AIMH UK (NE)

Our regional office in the North East of England has developed from 9 members before the AIMH (UK) 2010 Conference, to 61, post conference. We have our most diverse range of member professions within AIMH (NE) including solicitors, high-ranking members of the police force; crisis intervention workers; domestic abuse professionals, and counsellors, amongst many other infant mental health professionals.

AIMH UK (Scotland)

We are in the process of setting up a regional office in Scotland. At the last AIMH (UK) AGM, Committee members were identified to lead on the establishment of AIMH UK (Scotland). Christine Puckering who is leading this group is Honorary Clinical Senior Lecturer at the University of Glasgow and member of AIMH (UK's) Advisory Board is currently helping to run Mellow Parenting's annual conference 'Every Baby Matters: Antenatal and postnatal attachment, development and wellbeing'. Christine has been influential with regard to the development of Scottish policy in relation to infant mental health, through authorship of 'Infant Mental

Health: A Guide for Practitioners for Heads Up Scotland'.

AIMH UK (East of England)

An AIMH regional office in the East of England has been developed from the AiMH UK 2011 National conference, which was held in Cambridge. AIMH UK (EoE) branch will be working closely with the active and thriving East of England Perinatal and Infant Mental Health Network.

AIMH UK (Wales)

We have active members in Wales whom we are hoping to encourage to establish a Welsh branch in the next few years.

AIMH UK (South West)

In the South West, Paul Barrows, AIMH (UK) advisor and an ex-chair of AIMH (UK) hosts an annual infancy conference, which provides further opportunities for recruiting members.

The UK Context

The UK is most fortunate in having some seminal thinkers in the field including Peter Fonagy and Colwyn Trevarthan and, indeed, some seminal organisations including the Anna-Freud, Tavistock Centre and the Scottish Institute of Human Relations. Nationally, there is cross-party recognition and consensus about the importance of infant mental health, with the Graham Allen MP Report (2010) Early Intervention: The Next Steps, highlighting the importance of the first two years of life. Andrea Leadsom MP has now established PIP UK which aims to establish jointly funded Parent-Infant Psychotherapy Services across the country, and Frank Field has set up the Foundation Years Action Group. In England we are still in the early stages of developing a National Infant Mental Health Policy, and Scotland have progressed faster.

Extending our work

AIMH (UK) is extending the breadth and depth of our membership through

Affiliates Corner

January 2013

a programme of diverse workshops and conferences and through the redevelopment and redesign of our website..

This year's annual conference has the theme Mentalisation and Mind-Mindedness: Introducing new ways of working into practice, and keynote international speakers are Arietta Slade and Dana Shai.

AIMH UK members are contributing to the inception of an All Party Parliamentary Groups for Babies (APPGB), whose members will play a key role in shaping future policy. They are also part of other policy groups such as the Early Years Champions.

AIMH members play a significant educational role in terms of the production of books and documentaries for parents including *The Essential First Year* by Penny Leach, who with colleagues also produced a series of guides to *Joyful and Confident Parenting* of infants and toddlers, and a wonderful Channel 4 Documentary called 'Help me to Love my Baby' involving Amanda Jones. Amanda, went on to develop with the NSPCC a series of five short documentaries entitled 'Breakdown or Breakthrough' focusing on how to support parents to provide parenting that will enable their infants to develop a secure attachment relationship. Books for professionals include *Why Love Matters: How Affection Shapes a Baby's Brain* by Sue Gerhardt, *Keeping the Baby in Mind: Infant Mental Health in Practice*, which is edited by myself and PO Svanberg, and *Relational Trauma in Infancy: Psychoanalytic, Attachment and Neuropsychological Contributions to Parent-Infant Psychotherapy* edited by Tessa Baradon, and *Through the Night: Helping Parents with Sleepless Infants and Reflecting on Reality: Psychotherapists at work in Primary Care* co-edited by Dilys Dawes, and *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development* by Graham Music.

Our clinical workshops have been delivered by a range of national and international specialist presenters with themes directed at diverse audiences. Themes include *Complex Safeguarding Cases*; *Video Interaction Guidance on an International Perspective*; working with teenage mothers and their babies; work in neo-natal units and making sense of the

symptoms and behaviour of survivors of child abuse who suffer from Complex Post Traumatic Stress Disorder and borderline traits.

Added to this, our website, which incorporates membership site software, has been designed and developed specifically to create maximum interest to IMH professionals who can join on-line and gain immediate access to premium website content. We are in the process of updating the website because we recognise the importance of this in attracting both national and international interest and in keeping the website fresh and current.

AIMH (UK) holds good strong relationships with many relevant organisations (including the Association of Child and Adolescent Mental Health and Young Mind) as we begin to see a stronger presence and reach using our active Links and Events pages, through the website. In turn all these organisations readily promote our events. We also enjoy close links with the UK Marce society and over the next 4 years will be looking to develop some reciprocally beneficial arrangements including some joint conferences and workshops to boost interest in AIMH (UK).

Articles/reports/papers and conference/workshop presentations are represented on the AIMH UK website Homepage with an enticing 'teaser' that is viewable to all, but actual content accessible to members only, through using their own unique password. Our Events Calendar on the Homepage highlights all AIMH UK's events, month by month.

AIMH (UK)'s website also allows us to continue to build on new initiatives and incentives which currently include Children's Centre membership (allowing those professionals who normally would not be able to become a member of AIMH (UK) to join, as a unit), student membership (students can join at a lower rate, subject to eligibility) and Corporate Membership for relevant organisations. AIMH UK have set up a 'Recommended Books' page, on the website, where Committee Members review relevant and key books for our members.

Our on-line store facility allows us to sell educational DVD's to members allowing profit to AIMH (UK), and the producers of the DVD. The DVD currently on sale, 'Early Relationships and Child Development' showing the lives of four young children

in a baby home in Russia, has raised over £2000 for HealthProm and the St Petersburg Early Intervention Institute.

Forthcoming

The next two years is a busy period for AIMH UK as we move toward hosting the WAIMH 2014 Congress at the Edinburgh International Conference Centre June 14 – 18th. Our theme – **Babies: Their Contribution, Our Responsibility** – aims to highlight research emphasizing the reciprocal and co-constructive nature of parent-infant interaction, and we hope to attract some diverse presentations.

From the Kauppi Campus -News from WAIMH Central Office

By Päivi Kaukonen, Kaija Puura and Minna Sorsa, Finland

Dear WAIMH members,

The WAIMH needs your contribution! It is time to make nominations and elect two new members to the Board of Directors of WAIMH. The Board of Directors manages the business of the association and exercises all corporate powers. You can see the composition of the current Board of Directors on the WAIMH website (www.waimh.org -> about us). There you will also find the Bylaws of the association. Article 7 of the Bylaws describes the purpose, power, election process, meetings and actions of the Board of Directors. Your role in nominating candidates and electing new directors is important to the decision making process and strength of our association.

Deborah Weatherston and Campbell Paul will end their four-year term of office in May 2013. They have worked with great dedication and warmth on behalf of WAIMH during their term. All the active

WAIMH members are now kindly invited to nominate candidates for two new directors for the Board of Directors. The Call for Nominations will be sent to WAIMH members on March 7, 2013. Members will have time to nominate candidates until April 7, 2013. We hope to have many candidates who will carry on the mission of WAIMH through their work on the board. The electronic vote will be open through May 31, 2013 and we will inform you about the newly elected directors by June 5, 2013. So, please, be active, participate and influence!

The next WAIMH World Congress will take place June 14-18, 2014 in Edinburgh, Scotland. The theme for the Congress is «Babies: Their Contributions, Our Responsibilities». Together with the Local Organising Committee and its chair, Jane Barlow, and congress organiser, In Conference, we are currently preparing the Call for Papers that will be available on the official WAIMH Congress site in March of this year. At this point we can already say that the programme will offer plenaries of the highest quality with topics ranging from parental brain research and infant

brain development to attachment and psychotherapy. In addition to attending the extraordinary events planned for the Congress, you will find that Edinburgh is a beautiful city with a rich history that will be well worth spending a few days relaxing and sightseeing in before or after the Congress.

Last but not least, please renew your WAIMH membership for the year 2013 online at the WAIMH website www.waimh.org. There are two separate categories: the student (45 USD) and professional (75 USD) memberships. As a WAIMH member, you have the privilege of ordering the Infant Mental Health Journal at a special rate. The rates in 2013 are: USA 50 USD, Canada 52.50 USD and International orders 62.50 USD. All journal subscriptions are now also including access to the online IMHJ at the Wiley website. Please, contact the WAIMH Central Office, if you need guidelines or support for the membership renewal (office@waimh.org).

We hope you all would be active in promoting WAIMH. From our website you can print a WAIMH Flyer to share with your colleagues. Ask them to join our multidisciplinary and global association for the benefit of infants all over the world.

What we Learn About Babies from Engaging With Their Emotions



National Center for Infants,
Toddlers, and Families

By Vasudevi Reddy, Department of Psychology, University of Portsmouth, Portsmouth, U.K. and Colwyn Trevarthen, Professor of Child Psychology and Psychobiology, Edinburgh University, U.K.

In this article, we explore what we can learn from engaging with babies. Engagement is the way in which we gain psychological knowledge about others, including babies. Even psychologists use the engagement approach to gather key information about a person. If we want to know what a baby, an adult, or any animal feels or thinks, we must engage with them, allowing ourselves to feel the sympathetic response that the other's actions and feelings invite. This approach differs from the position of doubt and detachment concerning knowledge of other people's feelings and thoughts adopted by 20th century psychology. But for a scientist studying the behavior of any system, engaging and participating with it provides insight into the meaning of natural events and processes—insight that more detached observation cannot give. Engagement is especially essential in understanding social phenomena.

Why Is Engagement Especially Informative?

In 1993, the late Elizabeth Bates, a pioneering researcher on early communication and language learning, was an invited speaker at a conference of the British Psychological Society in Birmingham, England. She was sitting in the audience when another invited speaker, Giannis Kugiumutzakis (1998) of the University of Crete, presented his findings on the imitation of vocal sounds and facial gestures by babies less than 1 hour old. Neonatal imitation has been one of the most controversial of all 20th century findings on infant development because it violates the Piagetian model, which assumes that all social skills, including imitation, are complex intellectual achievements involving much trial and error in an infant's early months. In a question to Professor Kugiumutzakis, Bates admitted that she had been one of the skeptics, not believing in the possibility of neonatal imitation—until she successfully got a newborn child to imitate her. Now that she believed in the existence

ZERO TO THREE Corner

To know what a baby feels or thinks, we must engage with her, allowing ourselves to feel the sympathetic response that the other's actions and feelings invite. This article (Zero to Three, Volume 24, Number 3) explores how engagement allows a richer, more useful interpretation of infant behavior than does detached observation. Engaging with babies is crucial not only for obtaining a fuller empirical picture of infant development, but also for the infant's development itself. Copyright ZERO TO THREE. All rights reserved. For permission to reprint, go to www.zerotothree.org/reprints.

of neonatal imitation, her only concern was about what neonatal imitation meant.

Refusing to believe something until we have experienced it ourselves is familiar to all of us. We may not have believed, for instance, that bringing up a child can be quite so exhausting, or that losing a parent can be disorienting even to adults, or that kidney stones can be as painful as others say they are—until we feel them ourselves. But watching a baby do things is not quite the same as these experiences of exhaustion or despair or pain. The baby's actions are observable to anyone—to the parent, the pediatrician, the scientist. Why should we need to engage with the infant's behavior ourselves to be convinced of what we are seeing?

There are several simple reasons for accepting that in order to “see” psychological phenomena, or understand the processes that move psychological “subjects,” we do in fact need to engage with babies feeling that, similar to ourselves, they are psychological beings.

1. The findings from Gestalt psychology a century ago clarify that organisms perceive in meaningful wholes rather than in parts; that which is perceived varies between species in adaptive ways. Only an organism with feelings and thoughts can perceive feelings and thoughts in another.
2. When we perceive things, we also respond to them. Our response legitimizes that which we perceive and enables us to perceive it in one way rather than another—that is, to perceive it through the medium of our response. If we observe a young infant smile, we observe something very different than if a dog or a Martian

were doing the observing, and we respond in a different way.

3. When someone is saying or doing something directly to us, we have access to information that might be unavailable to someone else observing from the sidelines. This often becomes a serious source of confusion when psychologists present data on communication from experiments, which are inevitably selective. When we greet a baby and receive a smile in return, our experience of that smile is different from that of someone else doing the observing; the warmth and the compliment that the infant gives you in that smile must affect whether and how you see that expression, as must any historical knowledge you have of the baby's previous interactions.

As Professor Bates may have discovered, in trying to get a newborn grandchild to imitate our protruding tongue, we are enormously sensitive to detail in terms of the baby's gaze, mood, and previous actions, which statistical analyses can only attempt with difficulty. It is not surprising that Bates was more convinced by her own single experience than by years of data reporting statistical frequencies of responses to “stimuli.”

Emotions: The Key to Engagement

We suggest that emotions are the key to psychological engagement. Emotions do not exist to be locked away inside an individual. First, emotions are an important agent in an infant's active, moving, and assertive relationship with the

Why We Prefer SYmpathy to Empathy for Understanding Engagement

Empathy is often used to mean comprehending how others feel, and, by extension, kindness, helpfulness, or concern for others. But, the word is derived from the Greek word *empathia*, meaning “projecting feeling into something.” In modern Greek, this word signifies the “evil eye.” Sympathy, in contrast, is derived from the Greek *sympathia*, meaning “feeling with, compassion, liking.” It is clearly more intersubjective and two-way than empathy, which is more self-centered.

Adam Smith, the 18th century philosopher of the Scottish Enlightenment, in his “Theory of Moral Sentiments” (1759/1976) designated sympathy as any kind of “moving and feeling with,” whether motivated positively or negatively, and including posturing and acting in the same expressive way as another’s body. He said “How selfish soever man may be supposed, there are evidently some principles in his nature, which interest him in the fortune of others, and render their happiness necessary to him, though he derives nothing from it except the pleasure of seeing it.” (Part I, Of the Propriety of Action; Section I, Of the Sense of Propriety; Chapter I, Of Sympathy, p. 9). “Pity and compassion are words appropriated to signify our fellow-feeling with the sorrow of others. Sympathy, though its meaning was, perhaps, originally the same, may now, however, without much impropriety, be made use of to denote our fellow-feeling with any passion whatever.” (p. 10).

Of the words available to us, sympathy clearly conveys best the core sense of intersubjective awareness of agency and emotion that works reciprocally between persons.

Theologian and philosopher Martin Buber (1958) has urged us to acknowledge the fundamental difference between the sympathetic “I–thou” engagement between persons, and one person’s relationship to an inanimate “it.”

world (Freeman, 2000; Panksepp, 2003). Second, and most important, emotions are intensely shared, because the nature and function of emotions are to stir sympathetic responses in others (Schorer, 1994; Stern, 2000). We do not know how this response happens, but we cannot deny this sympathy. Among those who deal with infants, emotional engagements with those infants provide the most informative as well as the most helpful route to understanding them. The two anecdotes below, taken from the records following the birth of the eldest child of one of the authors (VR), illustrate the power that emotional engagements have on all involved, and the kinds of awareness levels that they demand.

Shamini and the Still Face

Shamini was about 6 weeks old when her father and I tried the Still Face Experiment, which we had heard so much about (but which I had neither quite believed nor really understood; Murray & Trevarthen, 1985; Tronick, Als, Adamson, Wise, & Brazleton, 1978). In the middle of a good smiley “chat,” when she was lying on the bed and I was leaning over her, I stopped, with my face pleasant but immobile, and continued looking at her. She tried to smile

a bit, then looked away, then looked back at me and tried to chat, then looked away again. After maybe 30 seconds, I couldn’t stand it any longer and, smiling, I leaned forward and hugged her, saying, “Oh, you poor thing!” At this, she suddenly started crying. Her reaction was a turning point for me. I was shocked. And very moved. I didn’t know she cared. Neither reading about the research, nor even subsequently watching Lynne Murray’s videos of still face experiments, told me quite as much as this experience.

Shamini’s Rage

Shamini (5 weeks old) was angry with me today. I was delaying feeding her because it was only 2 hours since her last feeding and she had been awake during that whole 2 hours. As a result, she had become hungry quickly and had wanted another feeding for some time. At first, Shamini remained quiet, then became restless, and then, after some fussing, she frowned. Then she yelled—a furious-sounding shout,

louder in volume than any other vocalization I had heard, and clearly filled with rage. Then she made no other sound, although the look on her face remained angry. I was extremely taken aback, and felt almost guilty.

Our history of engagements and my emotional responses of shock and guilt clearly helped me understand the meaning behind Shamini’s acts. Without such meaning, laborious mechanical analyses could strive but still fail to determine the significance of the baby’s reactions. When interacting with an infant, anyone—including a researcher—must be emotionally involved in sympathy with an infant to fully understand why an emotion has emerged, and what purpose or effect it may have in the child’s experience of life. We can learn a lot from intimate and “respectful” engagement with babies’ actions and feelings. This way of observing alters not only the empirical picture of what a particular infant at a particular time is capable of doing and feeling. It also alters the whole theoretical story about how infants develop, and what they are motivated to experience and to be changed by. Observation in the context of emotional engagement completes the partial picture that one obtains by distant, objective observation and by assuming that mental events cannot be observed directly.

Openness to Emotional Engagement in Studies of Infants: Interpretation and Misinterpretation

We take three examples of infant behavior—protoconversation, coyness and shyness, and teasing—to make two points: First, that researchers never would have studied these phenomena had it not been for psychologists’ openness to engaging with their infants’ emotions; and second, that engagement allows a richer (and, we would argue, more useful) interpretation of infant behavior than does detached observation.

Proto-Conversation

In 1971, the linguist and anthropologist Mary Catherine Bateson first highlighted the phenomenon of “protoconversation” with 2-month-olds when she reported on the filmed observations of a mother with a 9-week-old (Bateson, 1971). The

Cognitions and Emotion in Life Experience

Jaak Panksepp (2003), a leading expert on emotional systems in the brain and affective neuroscience, says this about the scientific problem of relating rational processes to feelings:

At times I do fear that cognitive-imperialism, the prevailing view in mind sciences, will continue to suffocate the need for focused research on affective issues, and thereby, continue to delay a scientific analysis of such matters of foremost concern for understanding the existential inner qualities of human lives. (p. 5).

That, I believe, is a hangover of Cartesian dualism along with the prevailing assumption that subjective brain-mind issues, since they cannot be directly measured, should not be deemed a topic of disciplined scientific discourse or inquiry. (p. 6).

observations were filmed in the linguistics laboratory at Massachusetts Institute of Technology.

The phenomenon of “talking” with a baby who is only a few weeks’ old is a familiar one to most parents: Babies look at us and start smiling, then “chat” in extended bouts of sharing a mutual gaze, turn-taking, cooing, moving lips and tongue, waving arms, turning wrists, and extending fingers (Stern, 2000; Trevarthen, 2001, in press; Trevarthen & Aitken, 2001). They seem to experience our conversational acts as communication and feel the need to respond expressively. If you allow yourself to be similarly engaged with a 2-month-old infant—especially an infant whom you know well and who knows you—it is impossible to resist becoming involved and talkative. It is impossible, then, to doubt the baby’s communicative intent, or to argue that the baby’s acts merely appear to be responses to yours. We cannot assume that the babies’ actions are merely some kind of biologically preprogrammed reflex behavior lacking appropriate feelings. Similarly, we also cannot assume that the baby is merely appreciating and testing the “mechanical” contingency of your behavior in time, with no appreciation for its affective or companionable content.

Such assumptions are possible only if we flatly refuse to engage in the chat and insist that the only accurate data source comes from detachment and an unemotional analysis that involves counting the number of responses to a controlled regime of stimuli. Emotional acts need emotional perception. We cannot easily perceive emotionally without similar emotional engagement. In the 1970s, the field of experimental developmental psychology—much more male dominated

at that time—refused to accept the claim that infants not yet 3 months old can have “conversations” in which they take turns, show signs of pre-speech, and respond to and invite others’ expressions of emotion. Psychologists qualified these infant–mother conversations with the prefix “pseudo” (false) instead of “proto” (earliest). Since the 1970s, psychologists have questioned the belief that infants—who are essentially unsophisticated organisms—can comprehend and learn psychological states and acts. However, Stephen Malloch (1999; Trevarthen and Malloch, 2002) has recently offered refined descriptions of the motives and emotions of proto-conversations. He adapted precise computer-assisted musical acoustic methods to reveal the “musicality” of the vocal patterns that mother and child generate, in mutual sensitivity, in an undisturbed and enjoyable chat.

Coyness and Shyness in 2-Month-Olds

Self-conscious, affective reactions in 2 month-olds—that is, expressions of coyness or shyness—are another phenomenon that researchers have recently identified (the existence and interpretation of which is bound to be challenged). It is not uncommon to hear parents remarking, even about 2- and 3-month-old babies, that they are being shy or coy (Reddy, 2000). The behavior itself involves a particular pattern: The infant smiles, and as she smiles, starts turning her head and/or gaze away from the other person; sometimes she curls her arms up in front of her chest and lowers her face. When you see this behavior in so young an infant, you might interpret it in a variety of ways. You could remark on the behavior and see it as a kind of “fixed action pattern” that may have been triggered by a specific

stimulus (e.g., a too-close approach by a stranger). Or you could, as some parents do, interpret it as an emotional response. How do we decide which interpretation is better?

Observational data on the occurrence of the behavior helps. In one longitudinal study of 5 infants (Reddy, 2000), we found that all 5 exhibited coy behavior, although frequency of occurrence differed from infant to infant. The infants demonstrated this coy behavior not only with strangers, but also with parents and even with their own reflections in a mirror. The likelihood of the behavior occurring with strangers was greater at around 4 months of age, when parents reported that through such behavior, their infants seemed to be inviting interaction and play. It can also be seen, with other complex displays of “sociability”, between infants when no adults are present (Selby & Bradley, 2003).

We found that the behavior was more likely to be seen early, in the first seconds after renewing an interaction, rather than later. The baby’s actions are strikingly similar to the behavior of older children and adults whom we describe as shy. The infant’s smiling gaze, the turning of the head (often with quick return of head and gaze), and the arm-raising are frequently observed accompaniments to the embarrassed (albeit more controlled) smiles that older children exhibit. The pattern resembles the stereotyped rituals of coquetry that many cultures encourage females to use—the fan in front of the face, the kimono sleeve in front of the mouth (revealing smiling eyes), the face tipped down to show a sidelong glance, and so forth. The context in which the babies displayed this behavior mirrored that of toddlers and adults—in which an unexpected onset of attention spurs toddlers and adults to blush and show embarrassment, as Charles Darwin (1873) and Leary, Britt, and Cutlip (1992) observed. (Of course, other more sophisticated contexts elicit embarrassment in older children and adults.)

We chose to interpret early coy smiles as a kind of affective self-consciousness, even in the young infant. When an infant looked at us, and we said hello, and she turned away with an intense smile then curved her arms and turned back to look at us, it felt as if she was being coy. We trusted our reactions. Because we experienced these babies’ smiles as affective self-consciousness, we went on to conduct analyses comparing their smiles, structurally and functionally, to embarrassed smiles in older children and adults. (If it weren’t for developmental psychologists’ own emotional reactions to

infant behavior within engagement, most of the interesting things we know today about infants would not have even been recorded.)

Infant Teasing

Infant teasing is a third type of behavior revealed through engagement (Reddy, 2003). In 1986, I (VR) videotaped an interaction when Shamini was 9 months old. She is offering her father a bikkipege—a small babyteething toy—while he is trying to get her to talk for the camera. After he has accepted the toy several times, each time saying “Ta” (meaning, “Thank you!”) dramatically and giving it back, she offers it again with a half smile. He trustingly reaches out to accept it and she pulls it back, her smile broadening. He feels tricked, comments on his feeling, and reaches forward, laughing, “You! Give it to me!” A few seconds later, Shamini again offers the toy with a smaller movement of the hand, again with a half smile and with her eyes on her father’s face. Just as he reaches, she withdraws the toy and turns as if to run away. The family, sitting around the table, laughs; Shamini’s grandmother comments that lately, Shamini has been doing this teasing routine quite frequently.

This is not an uncommon behavior or exchange within a family. But what do we make of it? Shamini’s father felt as if he had been tricked. I, across the room and behind the camera, chuckled when I saw Shamini make her offer with the watchful half smile, even before she withdrew the toy. The whole family laughed, especially after Shamini repeated the offer and withdrew the object for the second time. The interpretation we offered was that Shamini recognized the shared understanding—that holding out an object meant that the object would then be released into the reaching hand (Shamini had only recently started doing this and was evidently enjoying the whole routine). We also noted that Shamini was playfully and intentionally violating that shared understanding in order to elicit an emotional reaction from her father.

This interpretation made some assumptions that ran counter to developmental theory at the time (although many developments in babies around 9 months old are now interpreted as constituting a kind of “revolution” in social understanding, especially of other persons’ intentions; Trevarthen, 2001; Trevarthen & Hubley, 1978). The most central assumption we made was that Shamini must know something about

her father’s expectation that she would release the object; otherwise she would not expect an emotional reaction to the nonperformance of that act. This assumption was not compatible with the theoretical position that children do not even recognize the existence of other people’s expectations until about 4 years of age. Mainstream theorists offered a simpler explanation as an alternative to ours: The infant may have previously received positive feedback (such as laughter and excited chasing) to an unintended offer and withdrawal of an object, and had subsequently learned that this act was a good way to elicit that sort of reaction—a plausible enough story.

The crucial point is, however, identifying the assumptions that each story makes about the infant’s understanding, at 9 months of age, about other people’s emotional attitudes. It is about the emotions that an infant can sympathetically feel. Our story assumed that Shamini knew her father’s emotionally charged intention (or expectation) to receive the object from her—and that the subject of her playful teasing was her father’s perceived psychological state and the pleasure associated with it. The alternative explanation assumes that this 9-month-old could not have known her father’s intentions or expectations and feelings. This explanation suggests that by simply remembering previous responses that had occurred “accidentally,” Shamini was trying to elicit similar behavior. From the psychologist’s perspective, the difference between these alternatives is academic in the weakest sense of the term; they don’t matter except as arguments that pay people’s salaries. For anyone dealing with infants, however, the choice of explanation matters a great deal. If we assume that the infant does not know our expectations or intentions, we act accordingly. We do not encourage the baby to cooperate with or play with our intentions and expectations. We do not engage with infants’ actions that may be attempts to engage our expectations and intentions. For a playful parent who enjoys shared emotions, this approach does not seem to be the correct choice.

Engagement Creates, Reveals, Learns, and Teaches Meaning

Engaging with babies is crucial not only for obtaining a fuller empirical picture of infant development, but also for the infant’s development itself—for well-

being, learning, and teaching (Bruner, 1996; Hobson, 2002; Rogoff, Paradise, Arauz, Correa-Chavez, & Angelillo, 2003; Trevarthen, 2001, in press). Our responses within engagement enable us to notice and interpret infants’ specific behaviors and to recognize and legitimize these behaviors. When we engage and respond to someone, we are entering a shared reality in which each person can share in the other’s behavior. Consider this example:

A 12-month-old infant is sitting on his mother’s lap, looking out of the window, and he sees a flock of birds fly up in a rush. He points to them excitedly, vocally exclaiming and with both arms extended, but not turning around to look at his mother. His mother looks too, and says, in a lively, confirming way, “Oh yes! Isn’t that exciting!” The infant leans back into his mother’s body and continues to watch the birds.

Her reaction—from the tone in her voice and the movement of her body—affirms her son’s excitement and legitimizes his act of communication about the birds. Her response celebrates their companionship as they gain knowledge about the world and experience the emotions that such learning can stir (Dissanayake, 2000; Hobson, 2002). The simple example of a mother and her son discovering a flock of birds suggests that if an infant does not receive an emotional reaction to his emotions, he might stop expressing them or he might not experience them in quite the same way.

Looking at the incidents we have described from the infant’s point of view, we might ask what various adult behaviors mean to the infant. What does someone else’s gaze mean? What does someone’s smiling mouth mean? What does a frown mean? The most powerful meaning of a smile, gaze, or frown emerges in the infant’s engagement with the human events surrounding these facial responses. If we didn’t engage with infants, they wouldn’t learn very much about us, and we wouldn’t learn very much about them. We uncover their knowledge and they uncover ours. This method is how infants, and adults too, “learn how to create meaning” from each other (Hobson, 2002; Trevarthen & Hubley, 1978).

We can look at learning from two perspectives. The first, denying the agency of one of the partners (the learner) and observing, as it were, from beyond engagement, focuses on imparting experience through instruction and then assessing the student’s gains. The second, observing and responding

within engagement, acknowledges the emotionally involved agency of both partners—teacher and learner—who can easily swap roles. This second perspective is necessary, we argue, for anything other than a sterile and mechanistic understanding of human mental and emotional development and, indeed, for promoting development itself (Reddy, 2003). We must share and respond to the powerful emotions of our infant companions.

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Sympathy in the Brain

Functional imaging of activity in normal adult brains responding naturally to real emotive events, and/or expressing communication with emotion, is bringing exciting evidence for extensive systems that reflect states of mind between people. Decety and Chaminade (2003) say, of their findings:

Motor expression of emotion, regardless of the narrative content of the stories, resulted in a specific regional cerebral blood flow (rCBF) increase in the left inferior frontal gyrus . . . these results are consistent with a model of feeling sympathy that relies on both the shared representation and the affective networks. (p. 127).

Most remarkable of all, the same “mirror” systems for matching expressive states between people are already active in the brain of a 2-month-old baby who is looking at a person’s face, responding sympathetically to it, and [suggesting that he is] ready to communicate feelings (Tzourio-Mazoyer, DeSchonen, Crivello, Reutter, Aujard, & Mazoyer, 2002).

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PERSPECTIVES IN INFANT MENTAL HEALTH

Perspectives in Infant Mental Health (formerly, The Signal), the quarterly Professional Publication of WAIMH, gives members an opportunity to share research of interest, provides a forum for the exchange of news and views from around the world, serves as a nexus for the establishment of a communication network and informs members of upcoming events and conferences.

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During the past 50 years infant mental health has emerged as a significant approach to the promotion of social and emotional wellbeing in infancy, as well as a preventive-intervention approach to treatment when significant risks to the infant or young child, the parent and the relationship are identified. Within this same time frame, the infant mental health movement has expanded to a global network of professionals from many disciplines, research faculty, and policy advocates, all of whom share the common goal of enhancing the quality of relationships that infants and young children have with their parents and other caregivers. The global reach of infant mental health demands attention to the cultural context in which a child and family lives, as well as critical attention to issues that affect child development, child health, child mental health, parental mental health and early relationship development.

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