



Australian Association for Infant Mental Health Inc.

Affiliated with the World Association for Infant Mental Health

www.aaimhi.org

Position Paper 2: Responding to Babies' Cues

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The Australian Association for Infant Mental Health Inc (AAIMHI) aims (in part) to:

- improve professional and public recognition that infancy is a critical period in psycho-social development, and
- work for the improvement of the mental health and development of all infants and families.

Background to AAIMHI's Position

AAIMHI acknowledges the now vast body of research concerning the importance of the development of a secure attachment relationship between children and their caregivers. This research has clearly established the ongoing benefits to children, families and society that flow from early experiences of emotional security. A relationship in which a baby feels secure and connected to his caregiver promotes later psychological wellbeing. Children who are securely attached to their parents are more likely to:

- Be able to cope well with stress
- Have satisfying relationships
- Have healthy self-esteem
- Have good mental health
- Reach their full intellectual potential
- Have fewer behavioural problems
- Have fewer discipline problems
- Have fewer problems separating from parents when it is developmentally appropriate.

Research has shown that infants are innately attuned to and affected by the presence and facial expressions of their caregivers. From birth onwards, babies use facial expressions, vocalisations and body language to communicate their feelings (for example joy, delight, discomfort and distress) and to communicate their physical and emotional needs. Babies feel emotionally secure when their caregivers read these cues, and respond in a timely and empathic manner.

When caregivers are tuned in to infants' cues they can respond sensitively. For instance, the caregiver can read when the infant is ready to play, or when he or she is distressed and needs comfort. Infants are well aware when their attempts to communicate are ignored by a caregiver, and can become confused, frustrated and distressed if this occurs. If this happens consistently, infants may cease to express their needs in an open and healthy manner.

While many parents are over-burdened and need support and relief, AAIMHI believes that recent scientific research in the area of infant neurological development indicates that it is now wrong to advise parents that routinely refusing attention to a crying baby will bring no harm.

Responding to Babies' Cues – AAIMHI's Position

In view of the above statements, AAIMHI believes that all caregivers should strive to create a secure attachment relationship with their baby. Therefore AAIMHI believes professionals should encourage parents by supporting the development of a healthy attachment and sense of security in babies and children, and do no harm to this developing sense of security.

Secure attachment is more likely to occur when parents are supported to respond promptly and sensitively to their children's cues. Professionals advising parents should recognise that an infant's attachment to his or her caregiver is of central importance. By modelling attachment behaviours in their relationship with the parents and by providing a secure attachment experience for the parents with whom they work, professionals can bring an attachment focus to every meeting with parents. Just as they attempt to understand the parents' needs they encourage parents to understand and respect their baby's need to feel safe, secure and connected to a loving adult.

Parents can be reassured that babies are resilient enough to cope with incidental or accidental lapses in responsiveness (for example, when a parent is caught in traffic while the baby is crying). This resilience increases with age, and normal delays such as these can be healed if followed up by soothing and comforting. Babies bounce back when their feelings are heard and validated.

All babies cry and have fussy periods. These behaviours merit special mention, as parents often seek professional support to help them understand what the crying means. The quality of the parent-infant relationship can be enhanced when parents view their babies' crying as a sign that they are upset, and when professionals encourage parents to do this. Babies become distressed if left to cry alone, and this can precipitate negative long term psychological consequences if done repeatedly.

AAIMHI maintains that babies' upset feelings are to be taken seriously, and that parents should be encouraged to do whatever they can to help soothe their babies (for example holding, stroking, rocking, singing, or talking to the baby). When parents help babies to manage their difficult feelings, their babies learn how to do this for themselves as they grow older, thus they develop a

healthy autonomy. This is true *even if the crying persists* – as often the cause of a baby's cry may not be immediately evident to the parent. However, research indicates that responding appropriately to infants' cues can have positive long term, and possibly even transgenerational consequences.

Parents and carers can improve the quality of the attachment relationship by:

a) paying close attention to babies (by watching their expressions, movements and reactions to caregivers' responses), and thinking about what the baby is trying to communicate,

b) sensitively responding to babies' cues, and

c) responding promptly to their babies' attempts to communicate.

Professionals can play a key role in improving the quality of the attachment relationship by both modelling and encouraging the above.

Resources

- Als H, Tronic E & Brazelton TB. Stages of early behavioural organization: the study of a sighted infant and a blind infant in interaction with their mothers. In: Field TM, Goldberg S, Stern D, Miller A (Eds) (1980). *High-Risk Infants and Children: Adult and Peer Interactions*. New York: Academic Press.
- Bell SM & Ainsworth MD (1972). Infant crying and maternal responsiveness. *Child Development* 43:4, 1171–1190.
- Belsky J (1999). Interactional and contextual determinants of attachment security. In: Cassidy J & Shaver PR (eds) (1999). *Handbook of Attachment - Theory, Research, and Clinical Applications*. New York: Guilford Press p 249.
- Belsky J & Cassidy J (1994). Attachment: theory and evidence. In: Rutter M & Hay DF (eds) (1994). *Development through Life: A Handbook for Clinicians*. Boston: Blackwell Scientific p373-401
- Biringen, Z (2004). *Raising a Secure Child: Creating an Emotional Connection Between You and Your Child*. Perigee: New York.
- Easterbrooks MA & Biringen Z (2000). Mapping the terrain of emotional availability and attachment. *Attachment and Human Development* Vol 2:2, 123–129.
- Flory V (2005). *Your Child's Emotional Needs: What they are and how to meet them*. Sydney: Finch.
- Fonagy P, Target M, Steele M & Steele H (1997). The development of violence and crime as it relates to security of attachment. In: Osofsky JD (Ed) (1997). *Children in a Violent Society*. New York: Guilford Press. pp 150-177
- Greenspan S (1999). *Building Healthy Minds: The Six Experiences that create Intelligence and Emotional Growth in Babies and Young Children*. Perseus Publishing: New York.
- Grille R (2005). *Parenting for a Peaceful World*. Longueville Media: Sydney.
- Gerhardt S (2004). *Why Love Matters — How Affection Shapes a Baby's Brain*. New York: Brunner-Routledge and Hove.
- Hrdy Sarah Blaffer (2000). *Mother Nature – Maternal Instincts and the Shaping of the Species*. London: Vintage.
- Karen R (1994). *Becoming Attached: First relationships and how they shape our capacity to love*. New York: Oxford University Press.
- Lewis M & Ramsay D (2005). Infant emotional and cortisol responses to goal blockage. *Child Development* 76:2, 518-530.
- Murray L & Andrews L (2000). *The Social Baby - Understanding Babies' Communication from Birth*. CP Publishing, Richmond, UK
- Pantley E (2002). *No Cry Sleep Solution: Gentle Ways to Help your Baby Sleep Through the Night*. Contemporary Books: New York.
- Pantley Elizabeth (2005). *No Cry Sleep Solution for Toddlers and Preschoolers*. McGraw-Hill: New York.
- Perry BD & Pollard R (1998). Homeostasis, stress, trauma and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America* 7:1, 33–51.
- Slade A (2002). Keeping the baby in mind: A critical factor in perinatal mental health. *Zero to Three* 22:6 June/July 2002, pp10-16. See www.zerotothree.org (click on *professional journal* link then click on *Read sample articles*).
- Sunderland M (2006) *The Science of Parenting* DK Publishing, London, New York.
- Tronick EZ & Gianino A (1986). Interactive mismatch and repair: Challenges to the coping infant. *Zero to Three: Bulletin of the National Center for Clinical Infant Programs* 6:3, 1-6.
- Van den Boom DC (1990). Preventive intervention and the quality of mother-infant interaction and infant exploration in irritable infants. In: Koops W (ed) (1990). *Developmental Psychology behind the Dikes*. Amsterdam: Eburon.
- Van den Boom DC (1994). The influence of temperament and mothering on attachment and exploration: An experimental manipulation of sensitive responsiveness among lower-class mothers with irritable infants. *Child Development* 65, 1457–1477.

Other resources

Video

Getting to know you – Recognizing Infant Communications and Social Interaction. Northern Beaches Child and Family Health Service & NSW Institute of Psychiatry – Hilton Cordell Productions.

Websites

www.zerotothree.org

www.circleofsecurity.org