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THE SIGNAL

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Introducing the Piklerian developmental approach: History and principles

By Anna Tardos

Child psychologist

Director of the Pikler Institute, Lóczy, Budapest

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Historical background

Emmi Pikler completed her medical studies in Vienna in the 1920s. In those years, Vienna was the cradle of reformist ideas. After the birth of their first child, she and her husband lived in Trieste for a year, where her husband worked as a mathematics teacher and applied reformist pedagogical principles. They then moved to Hungary in 1932. Emmi Pikler started then her private practice in Budapest, since she could not officially be employed due to her Jewish origins. During the Second World War, she and her family survived, thanks to some of her patients who hid them.

She became well-known in Budapest (Hungary), as an excellent pediatrician in the 1930s. The children she took care of - nearly one hundred families - were less ill, and had hardly a major disease. As a pediatrician, however, she was more interested in promoting healthy physical and psychological development than in preventing or curing illnesses.

Her vision of a healthy infant was an active, competent and peaceful infant, who lives in peace with himself and his environment. She would visit infants and families weekly, discuss with the parents how to promote their development, based on their view of the child and her own observations, and provide guidance to mothers about upbringing practices and how to create an optimal facilitating environment for their infant.

After the Second World War, Budapest was faced with the challenge of caring for many parentless infants. In 1946, Emmi Pikler initiated the creation of a nursery home in Budapest in an abandoned house

Dr. Emmi Pikler, MD 1902-1984

in Lóczy Lajos street. Since then, the house never closed and became known as Lóczy. Since 1986 it has had the name Pikler Institute.

Nowadays, more and more professionals from around the world, learn and apply the Pikler educational and developmental concepts. I wonder about the origin of this recent growing interest, may be it is driven by the wish of raising a new generation of more peaceful, cheerful and active individuals…

The principles of the Piklerian approach

I. Complete freedom of movement

The most well-known and innovative element of the Pikler approach was the discovery and the exploration of how

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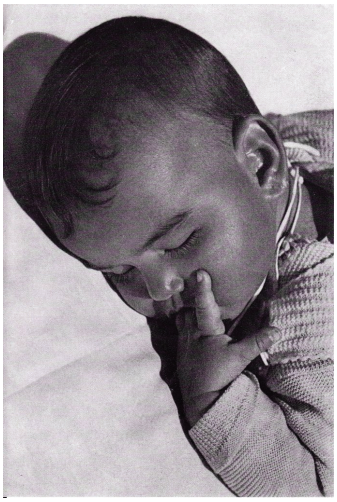
motor development is facilitated by the infant's own initiative . During her consultations, Emmi Pikler guided the parents to let their infant's initiate his/her movements and to determine the pace of his/her motor development, contrarily to the traditional practice : the parent was told not to turn the infant from his back to his belly, until he would do it by himself, not to sit him down until he could sit up by himself, not to hold the infant by the hands in the standing position until he is able to stand up by himself, not to make the infant before he's ready for it, nor to stimulate any movement in any way. Each milestone of motor development is reached by the infant's own initiative as a result of his own efforts.

Emmi Pikler would leave out any equipment that would encourage baby's passivity, such as seats and walkers, revealing the so far hidden abilities of infants: she showed how an infant, driven by his own initiative, is able to be active in continuous movement, to venture to new tasks. Not less important is the impact of these "discoveries" on the parent's perception of his/her infant, which, in turn, will lead the parent to go on respecting their baby's need for space and pace, and treat him also with tactful respect. Emmi Pikler described her unique observing position and her own internal image of the Infant in her first book published in 1940, just before the War, which she dedicated to parents. Here are some examples of the 60 photos of her little patients, which she used for illustrating her approach.

Six month old boy

Tranquility



The photos and descriptions are taken from "Mit tud már a baba?" ("What can the baby already do?") 1946, photos taken in Pikler Institute by Marian Reismann.

Lying on his tummy, he positioned himself softly and comfortably on the wooden platform, which is covered with a flannel blanket, but otherwise hard.

It is often said about children, and, especially, infants that they sleep "soundly". But it is not always true. Children, what is more, infants, are not all the same in this respect. Many of them are "lulled" to sleep. They need to be rocked, carried around, or be talked to, told tales before sleeping. They only fall asleep when they are so drowsy that they are simply unable to keep their eyes open.

For "nervous", restless children, falling asleep is a difficult task, and they stir and toss about in their wretched sleep. As if something inside them protest and resist falling asleep, but fatigue is stronger, and overcomes this internal resistance, as the common saying: "He was overcome with sleep."

This infant here does not look defeated after a struggle. He got a little tired, sleepy and now he is in the process of falling asleep. He surrenders himself to sleep lightly and with pleasure, as it is a familiar and pleasant state of being to him. His eyes have already closed, but his hand is still in his mouth. He no longer suckles on his fingers, they are only forgotten there – they have not fallen out yet. He gave himself up to sleep peacefully and happily, like someone who knows that nothing wrong can happen to him either awake or asleep.

Only those children can fall asleep this way who live in the fullest harmony with themselves as well as their environment.

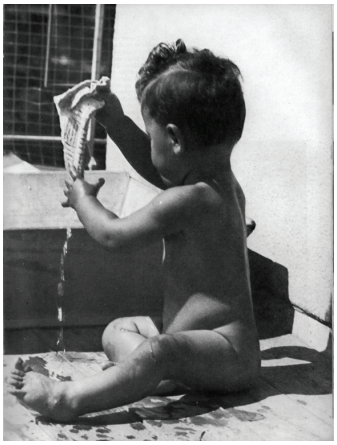
One year old girl

Bends down from standing

She has bent down from a standing position. She is holding on to something with her right hand, trying to pick up a key from the ground with her left hand. The movement is slow and extremely careful; the child bends down only to the minimum extent that is absolutely necessary. Her equilibrium is not stable as she is supported only with one hand. Her left foot is curved a little: we can see the typical posture: the curved toes seem like they are trying to grab the ground, helping the child to stabilize her equilibrium. The child has ventured to a difficult task, which she can only perform with the utmost care, very cautiously and slowly. Yet we do not see any cramped stiffness in her posture. She is soft and smooth. In her movement there is some calm security besides her carefulness. We are certain that this child is not going to tip over, or even if she falls she is not going to hit herself. Her posture and her moves are soft and not stiff.

Fifteen-month-old girl

Sits nicely (straight)



The child sits next the bathtub, observing the drops of water dripping from the cloth. In the sitting position, both of her knees are now in the front, although one of them is still bent.

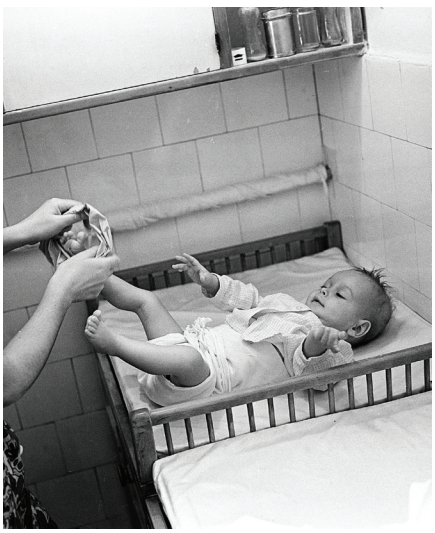
For this child in this age sitting in this position was the best and the most secure.

The child's back and trunk is up straight like an arrow. She shows no stiffness, made no effort and is in the most comfortable position for her. Nobody told her to "sit straight!" Such a straight posture cannot be achieved by forcing, teaching, asserting.

This child could already stand, and had just started to walk.

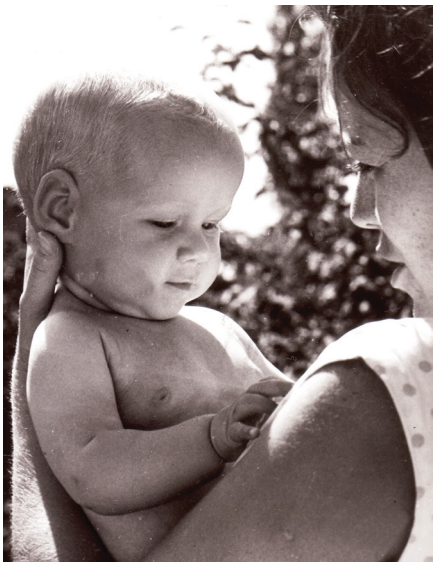
The original Hungarian title of Emmi Pikler's first book, written for parents, was "What can a baby already do?" reflecting a typical parents' question. In her book, she challenged the urging competitive attitude, and showed the lack of correlation between the quality of the infant's motor development and its age of achievement.

2. The outstanding importance of tactful and respectful care in the relationship of the infant and the adult caring for him is a less well-known yet important element of the Pikler approach.



The care situation is the scene of the meeting of two persons. While the mother or the adult caregiver provides the infant's physical needs, she establishes a direct contact with him. The infant can experience how the adult adjusts to his signals. Discussing in depth the details of caregiving with parents was a major component of Emmi Pikler's home visits. Then, with the creation of the Nursery Home, she applied the principles to this unique context of parentless babies, by conceptualizing a detailed, concrete "choreography" of "therapeutic care". She taught the staff how to install from day one of the infant's life, a respectful dialogue of gesture, speech and attention. She thus created a "culture" of ways to touch, to pick the infant up and to hold him in the arms, how to pay attention to him, and how to respond to his signals. The end result of this approach is the creation of a psychological space, that optimizes the infant's development, in whatever context he is growing up.

The concepts of recognition, free activity, and quality of care, are not new to us today, but the way Emmi Pikler taught us to apply them in the every day practice, in different concrete situations is still very valuable.



3. Emmi Pikler proved that it is possible to avoid the harm of institutionalization, by putting aside the traditional caregiving practices common in institutions and applying what she had learned from her experiences with normal families.

She indeed was successful at creating, within the context of an institution, such a facilitating environment that enabled the infants to grow up into healthy, explorative and active children, with self confidence and trust in adults, and a core sense of belonging to significant others. This result is proven by follow-up studies, and can be learned also from several films. Obviously, this is a much more challenging and complex task than in ordinary homes.

In the Pikler Institute, it became possible to directly observe the children living there, as well as the individual, respectful, affectionate care, and to study the institutional structure enabling all this.

The application of Emmi Pikler's respectful and affectionate image of the baby, to various contexts of care around the world (day care, institutions, families) approach, has helped babies to develop well, and adults to change their internal representations of the baby's capacities and their role as care providers.

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For further information on the Pikler Institute and the list of publications by Emmi Pikler and her colleagues, please visit www.pikler.hu.

E-mail: pikler-tardos@t-online.hu

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Being in movement

By Alberto Konicheckis, Psychoanalyst

Université Paris Descartes

First, let me thank Anna, Julianna and Bernard from the Pikler-Loczy Institute for giving me the opportunity of sharing our experiences. As a psychoanalyst working with young children in institutions, I really appreciate the possibility of sharing our thoughts around the care of children at the Pikler-Loczy Institute.

In contrast with what we have been used to observe in institutionalized infants, those at the Pikler-Loczy Institute are amazingly active, sociable, curious and at the same time calm and relaxed. They are in good psychic and physical health. They move harmoniously in their body. They give the impression of being in a state of satisfaction rather than frustration. They enjoy their discoveries and their experience whilst maintaining a relationship with the other children and the adults. They appear to illustrate Winnicott's paper, Living Creatively (Winnicott, 1970): For Winnicott, living creatively implies having the feeling of creating the world. Not that it exists and is being discovered but that it is to be invented at each moment.

In order to be able to experience such psychic states, children, of course, need to feel sufficiently secure about their environment. It cannot be overemphasized that, at the Pikler-Loczy Institute, children's creative acitivity can develop only through the attentive and caring presence of the adults around them. It is important for the child to experience a continuity of being. He is autonomous enough so that he can modify and transform psychic and emotional experiences that threaten this feeling. But if he is preoccupied with his own existence, he cannot make himself available for creative activities such as Winnicott describes them.

The Pickler-Loczy Institute was first introduced in France through Genevieve Appell and Myriam David who, in 2002, received the Serge Lebovici award at the 8th WAIMH World Congress in Amsterdam. When Myriam David was nearing the age of 80, we organised a conference in Aix to honor her. It wasn't only a celebration of her past, but a projection of her contributions for the future. She stated then: "If I were to observe babies today, I would pay attention to motor activity. I would wonder about the way motor activity constitutes the psychic foundation of the person". I took my inspiration from this statement of Myriam David to approach the "being in motion" in relation to free and spontaneous activity in the way that it is facilitated at the Pikler-Loczy Institute.

One may wonder about what is meant by free and spontaneous activity, what is supposed or implied by it, what it brings to the infant. At the Pikler-Loczy Institute, free and spontaneous activity is considered as the baby's own resource. It is not a response to external entreaties or demands. It unfolds in relation to the child's own sensations. It is not about pleasing a surrounding adult. In free and spontaneous activity the child takes the initiative of his own movements, making use of his personal capacities and thus becoming less dependent on the people around him. The child finds personal sensory-motor sensations without leaning on an external object.

In their famous paper on the value of the baby's free activity for the elaboration of the self, Tardos and David (1991) consider that movement, inasmuch as it participates in the formation of the body image, constitutes the very foundation of the individual. Motor activity brings out the individual and the subjective. It seems to me to be an indispensable complement to the experience of the skin as discussed by Esther Bick (1967). Motor activity is not split and opposed to the feeling of being gathered and enveloped from the outside by skin. It brings the feeling of being gathered from inside. It allows for thinking about what Myriam David also wished to consider at the end of her life: in that sense, a baby can also exist alone.

In free and spontaneous activity, the body and its sensations constitute the main object of interest and attention for the child. Refering to observations at the Pikler-Loczy Institute, Roussillon (2008) considers free and spontaneous activity as "the first experience the child has of himself being, of feeling himself being" (90). Movement gives experiences a shape and contains one of the first modes of thought. Through movement, the child is linked both with the external world and with himself.

Free and spontaneous activity also implies discovery and exploration. It allows for the experience of sensations that have not yet appeared in the mind or been represented. Just as in the experience of illusion, the child practices the "found-created" with his own body. In paradoxical terms, in movement the body contains an hallucinated reality.

Free and spontaneous activity also allows the transition as well as the oscillation between unintegration and integration. The child assimilates psychic experiences of dispersion and appropriates parts of the self. Space and time complete one another. A time sequence allows for the setting up of a continuity in space. Movement creates the space where the psyche is going to unfold. Movement makes drawings in time and, in return, the psychic space of the child grows.

Movement contains one of the first forms of symbolisation of the child's internal processes. It makes visible the way the child feels about his environment. The space the child moves through corresponds to the area he shares with the environment. The environment is not just of a physical and material nature, but is also inhabited by psychic sensations. The space of play is created on the traces left by the interaction with the environment. In this way potential space becomes habitable, explorable and livable.

Movement may be decomposed and analysed in particular around points of balance and imbalance. Dance is only possible on the basis of imbalance. Of course pauses are necessary. The ship needs a harbour. But by definition movement supposes a certain tension between the known and the unknown. Even when walking one knows where one foot is resting but the other one is necessarily in the air.

An important opposition can be found between movement and posture. For the child posture may be a refuge, a position of safety. Being in motion implicitly supposes letting go of this reassuring posture. When she analyses the first times the child rolls on his back, E Pikler pays particular attention to the point of contact between the body of the child and the ground. Movement supposes a pulling away from the ground (Pikler, 1969). It could be added here that movement has within it the separation from objects in the external world as well as from oneself, in a reassuring posture. It also supposes coming out of a refuge that could become a prison.

Oscillations between movement and waiting postures thus contain experiences of loss and of coming together again with oneself. The relation to time can be seen here again: the child moving towards the future pulls away from his past. These oscillations show the importance of these transitionals movements as emphasised by E. Pikler (1969) and her successors (Tardos et David, 1991). From a psychic point of view the transitionals movements potentialize uncertainty and the unknown. When the child undertakes a movement he takes the risk of imbalance and destabilization. At that point movement may have a reassuring function.

Movement therapists know that postures themselves are not reached all at once, but through oscillations either laterally for the middle position or back and forth for bringing the torso upright. It is the same in relation to horizontality or verticality. The body image is formed through latency. The present of the sensation rests upon the virtual of preceding movements. Any manifest experience contains the seeds of other latent ones, liable to become manifest in their turn.

Body rythms offer an evanescent surface – it is here for no longer being here. They make marks and leave marks behind. Rythms thus require endless alternating between presence and absence. As he draws absence through movement the child also creates his first psychic objects. In his analysis of the child's free and spontaneous activity in Loczy, Golse (2002) suggests that the presence of activity comes to symbolize the absence of the staff.

There is a whole range of pathologies derived from movement. We know of course the risk of muscular second skin noted by E Bick (1967). We also know hyperactivity in the child. After having researched this subject for many years Victor Guerra[1], a colleague from Urugay, has come up with the idea of a motor false self. In these cases, the child, through movement, creates a kind of pseudo-independence. Bodily movement fits the place of a possible external object. The child would thus become his own mother through movement, but through moving too much.

As far as I am concerned I would like to emphasize the importance of the emotional resonance of movement for locating to what extent it receives and integrates affects or, on the contrary, it is an attempt at evacuating them. Overall the pathology of movement would thus be defined according to whether it is closed upon itself or, conversely, open to what is external to it.

1 Oral communication, 2002

E-mail: akonicheckis.aol.com

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The Role of Body Caring Activities in the Piklerian Approach of Mothering

By Julianna Vamos, Ph.D.

Clinical Psychologist, Maternity Clinic Les Bluets, Paris

Association Pikler-Loczy (France) Training Center

What moved me and still does in the encounter with the Pikler-Loczy Institution, is Emmi Pikler's very capacity to conceive a free moving infant and the staff's ability to capture and tolerate trustfully each infant's individual needs and rhythms of development. Everyday life there is a constant adjustment based on a very fine interactive observation.

While Esther Bick's method sparks interest in the interior psychic world and its construction, Emmi Pikler's approach focuses on the infant's internal resources and on the facilitating characteristics of their environment. In that sense, the uniqueness of Lockzy Institute resides in the constant on-going creation of a daily environment and routines, which, we believe, promotes the infant's resources to come alive.

Caregiving actitvities reflect the nature of the adult-child relationship. This is counterintuitive when looking at parents who love their child but consider body caregiving tasks (diaper change, feeding, dressing) as inevitable, sometimes unpleasant, obligations to be done with as quickly as possible, in contrast with play, a less conflicted and more pleasurable activity. The Pikler approach is exactly the opposite:

*It is principally during body caring activities that the infant feels and experiences the quality of the adult's investment. This exchange creates the basis for their relationship, that is, in turn, the foundation of the infant's self construction.

* The fundamental condition for « good-enough care » is the adult's constant search for the infant's physical well being (relaxed, self initiated body position) and the slow or careful adjustment that the adult makes in response to the infant, allowing verbal and non- verbal communication between the adult and the infant to take place.

*The uniqueness and special quality of the encounter between the infant and adult during caregiving situations is promoted by creating a space in which the infant's can initiate interaction and spontaneous activity.

What follows is a description, observed in a videoclip, of Klaudia, an 11 month old baby, and her caregiver that illustrates the role of body caregiving situations:

> We see 11 month old Klaudia shifting positions on the changing table.
>
> She is standing up, holding herself with the bars while her caregiver soaps her. In the water she turns from her back to her belly, then on her knees and plays with the water. While she has a towel on her to be dried, she initiates a peek a boo game with the adult. It is a joyful moment. Dressing her requires her help. She gives her arms for the shirt when she is asked to and then her foot for the slippers. She becomes interested in the button of her shirt and looks at her bellybotton. In a moment of excitement, she gives a little hit to the caregiver's face. The adult asks her to stop and moves her head away. Then the whole scene is pleasant and relaxed. She is standing while the adult is putting her socks and slippers on, raising her foot when needed.
>
> Later we see Klaudia in her spontaneous activities, playing and focusing on her discoveries, looking through an object, putting a rope into a hole, and moving away joyfully.

This videoclip enables us to see how care is a global notion that comprises the interplay between two scenes: the caregiving situation and the space for the child's free activity.

Klaudia was in a « guided » situation within the Loczy special approach to parenting in the context of an institution for infants. She was free to find her posture, to move, to follow her own interests, and was followed by the adult. Like a dance, her freedom could be integrated in the choreography proposed by the nurses. When the adult needs her to come back to the caregiving situation, she does it willingly.

The aim of caregiving is therefore to create a setting where the infant can express and narrate her experience. This is accomplished through the organization of space (the concrete layout, such as the dimensions of the changing table, the bars, objects for caregiving in the adult's reaching distance), rhythm (the adult's tempo, tuned to the child's rhythm), and free movement. All these together enable the dialogue with the baby's true self.

According to G. Appell, this dialogue of attention, gestures, and ideas fit into the bit of autonomy the baby already has, and that needs to be respected. Klaudia's participation prevents her body from being objectified. Klaudia herself is the subject of the adult's care, not an object, not even a precious one.

The infant's participation is offered but never mandatory. When Klaudia participates, she is motivated by her own pleasure. This enables dialogue and cooperation between Klaudia and her caretaker, based on the constant reciprocal "reading" one of the other. The free movement of the child is essential to reciprocity in the relationship. The carefully planned caregiving setting gives the child the possibility to be free and also sets the limits within the relationship. Mutual adaptation of the adult and child as partners bases the child's model of the relationship on reciprocity. The quality of mutuality strengthens the self.

Obviously, this approach requires a lot of institutional work in order to train and support caretakers in the process of internalizing this unique behavioral and affective position. Continuous work is needed to harmonize all the infant's (four) caretakers' choreography, so that it is coherent and readable for the child.

My own context of work is not an institution, but a maternity clinic in Paris. I have access to babies and parents from birth on. I have implemented

longitudinal baby-parent groups, starting from birth to the time of walking, based on an integration of the Piklerian and psychoanalytical thinking. I have discovered how much parents wish to create a facilitating environment and for observing the baby's free activity at home.

Inspiring their way of managing caregiving tasks with the Piklerian approach is more difficult, as it takes a non-traditional parental attitude towards the infant. When we talk about conflicts during those moments at home, the main issue is how to get away from the « danger » of the adult dominating the child, and later, of the child dominating the adult.

To conclude, what remains difficult for us, the adults, is handling the infant's level of autonomy and desire and asking no more and no less of this autonomy than the infant has pleasure to exercise.

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E-mail: julianna.vamos@online.fr

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The Researching Infant

By Anna Tardos

Child Psychologist

Director of the Pikler Institute, Budapest

We will present here some results of the studies we have conducted about the development and characteristics of the infant's interaction with objects (toys).

The research work done by Emmi Pikler and her colleagues has enriched our knowledge of the developmental capacities of infants and young children. The systematic observation of an infant's gross motor behavior in the context of free initiative gives a new perspective on the unknown abilities inherent in infants.

Observing the activities of infants with objects (toys) in their nearest environment while following their interest without the intervention or direct stimulation of the adult, allowed us to understand in greater depth the role of manipulating objects in the cognitive development of the infant. It can be named in different ways as fine motor activity, manipulation, manual activity, dialogue with objects, visual – tactile exploration, or under the broader term of the infant's "playing activity".

I will present here the results of my research which have never been translated from Hungarian until now.

To the best of my knowledge, there has not been a similar published study on the development and richness of the manipulation activity in infants. This lack can probably be explained by two factors. One is that researchers are more interested in what and how the infant learns from adults rather than from spontaneous exploration. The second reason lies in the difficulty of observing free play in the traditional caregiving context where the infant is tied to the mother's body or placed in a baby chair or a walker or spends a long time in a sitting position when he cannot sit up on his own and cannot leave the sitting position. This context as described does not facilitate manipulation activity. An infant propped up in sitting or placed in a chair cannot choose simple, available toys placed around him, nor can he reach for them in case they are dropped or lost.

Aims of the study

We wished to examine:

1. The nature and the proportion of activities other than gross motor activities that infants are able to perform during the first year of life.
2. The different forms of spontaneous manipulation of objects that infants are able to carry out.

Sample and procedure

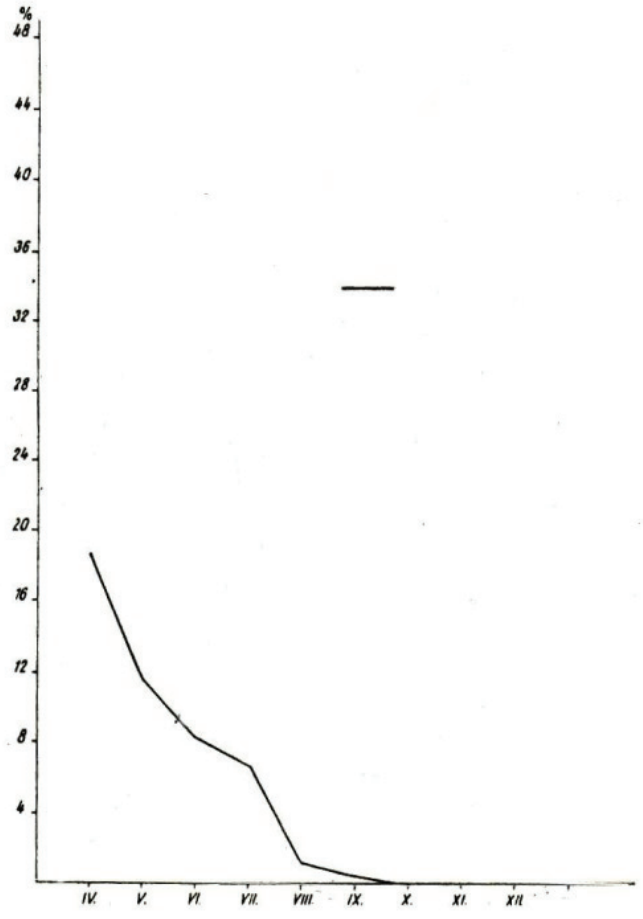
I will present here a micro analytical study of 6 infants, ages 3-12 months living at our institute in a secure relationship. Data taken three times a week of more than 700 observation protocols, each time for 25-minute duration, with quarter minute details, form the basis of the study.

The observed infants were in a good, stable, emotional state and spent their awake time in their usual spacious playing area suitable for free movement. Simple, non-over stimulating toys (to prevent distraction with sounds, lights or movements) were placed around the infants. There was no toy hanging above an infant's head. No change was made in the children's environment for the sake of the study. The observer took a seat outside the playing area and was quietly and tactfully following and recording an infant's activity.

When we summarized how much time the observed children spent with a specific form of activity, we took into account only forms of activity that lasted without interruption at least half a minute.

FIGURE 1. TIME SPENT WITH WATCHING THE HANDS

Observed time



Watching the hands

Month

Results

1. The nature and the length of activities other than gross motor ones that infants are able to perform during their first year of life.

   a. Getting acquainted with his own hands

As shown in Figure 1, four month-old infants spent an average of 5 out of the 25 minutes watching their hands. This activity then gradually decreased and almost

disappeared by the 7th month.

   b. Visual exploration

As shown in Figure 2, visual exploration was at its peak during the first eight

months and then declined.

We have found this activity to be the most frequent during the 5th and 6th months, when it takes up an average of 8 and a half of the of the 25 observed minutes. In spite of the individual differences found among the infants, this pattern of change was observed in all of them, as shown in

Figure 3.

The infant's gaze was primarily focused on the caregiver, but also towards other adults in the room, peers, toys and other objects. They displayed significant differences in the relative distribution of their attention, and to our surprise, these preferences remained stable over time.

   c. Manipulation of toys

As shown in Figure 4, manipulation of objects, the main focus of our study, gradually plays a more and more important role, starting from the 6th month, in parallel with the gross motor development. While visual exploration decreases, time spent with manipulation increases, in a kind of a developmental interchange.

As with visual exploration, individual differences in the time spent in manipulation differentiated the infants, as shown in Figure 5.

When manual activities appear, the increase of their quantity is rather fast. Starting from the 9th month, children spent more than 10 minutes manipulating toys, on the average. Again, within this pattern, we found significant individual differences in the amount of time spent with manipulation of objects.

Figure 6 summarizes the patterns of change of activities over the first year

FIGURE 2. TIME SPENT WITH VISUAL EXPLORATION.

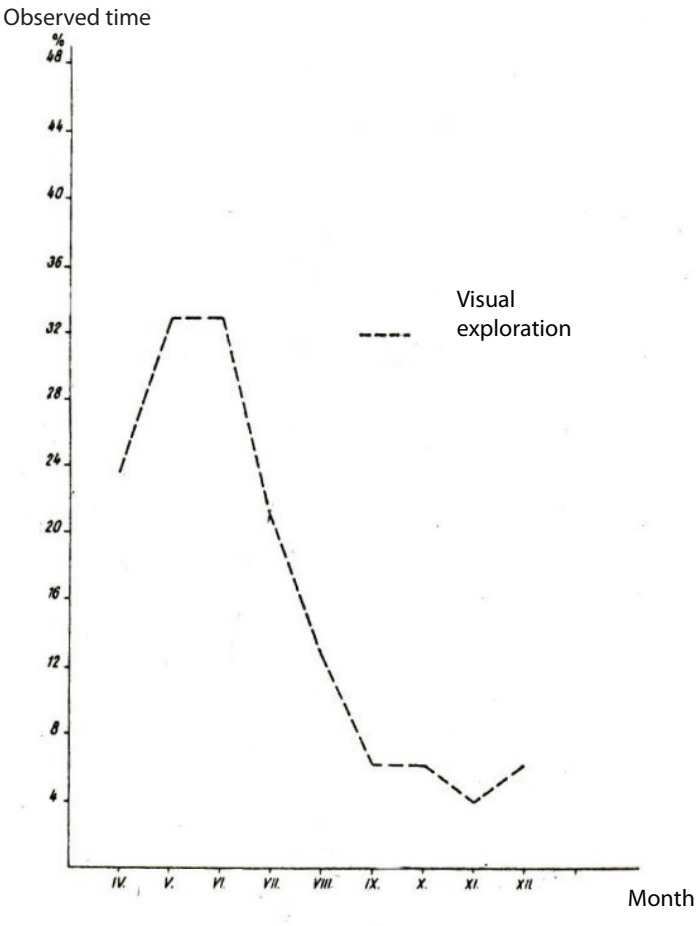


FIGURE 3. INDIVIDUAL VARIATIONS OF TIME SPENT WITH VISUAL EXPLORATION.

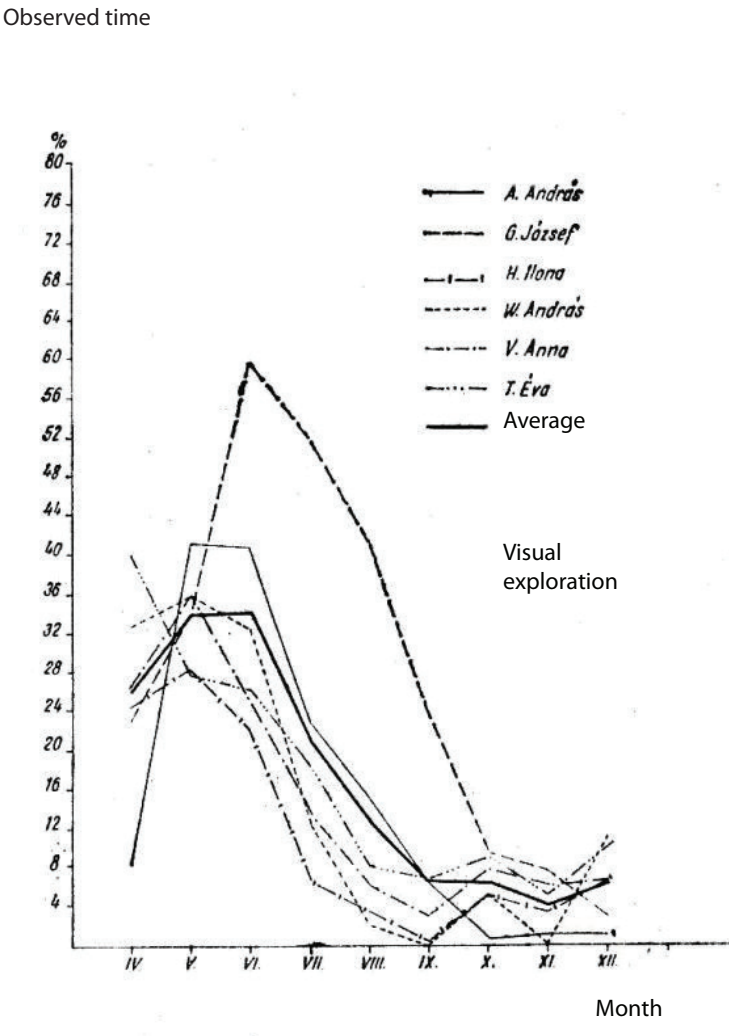


FIGURE 4. TIME SPENT WITH EXPLORING MANIPULATION.

Observed time

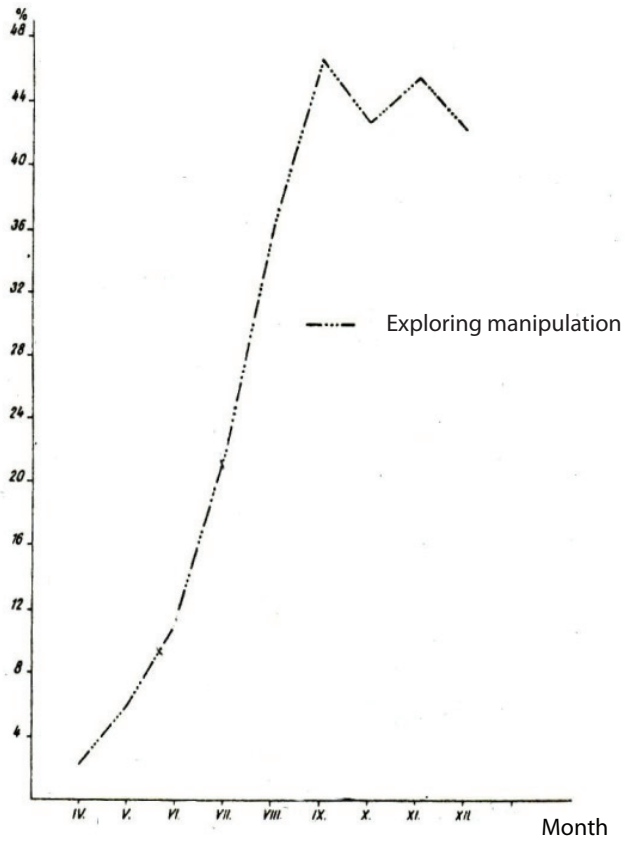


FIGURE 5. INDIVIDUAL VARIATIONS OF TIME SPENT WITH EXPLORING MANIPULATION.

Observed time

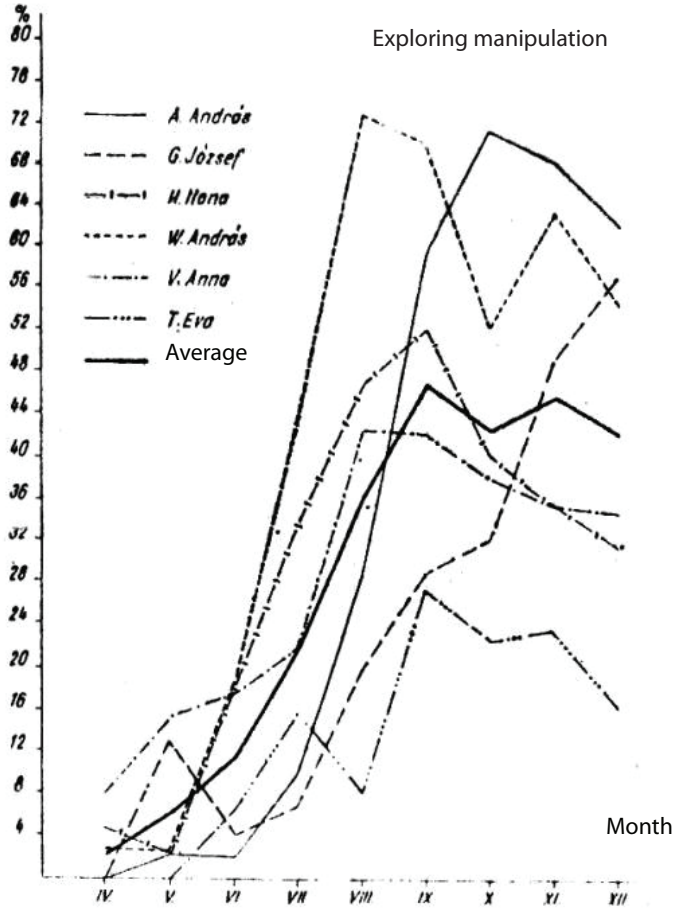
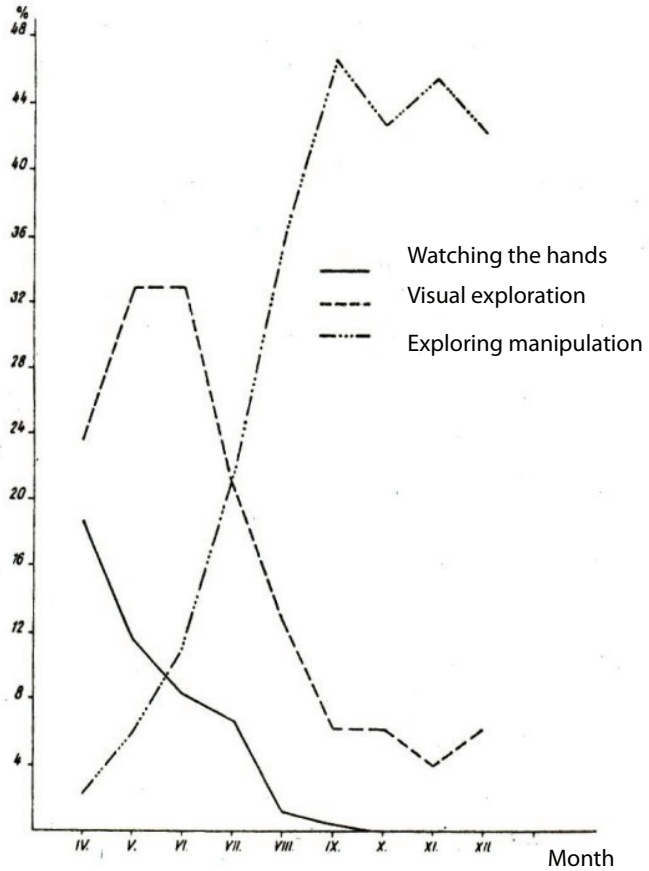


FIGURE 6. TIME SPENT WITH DOMINATING FORMS OTHER THAN GROSS MOTOR ACTIVITIES.

Observed time

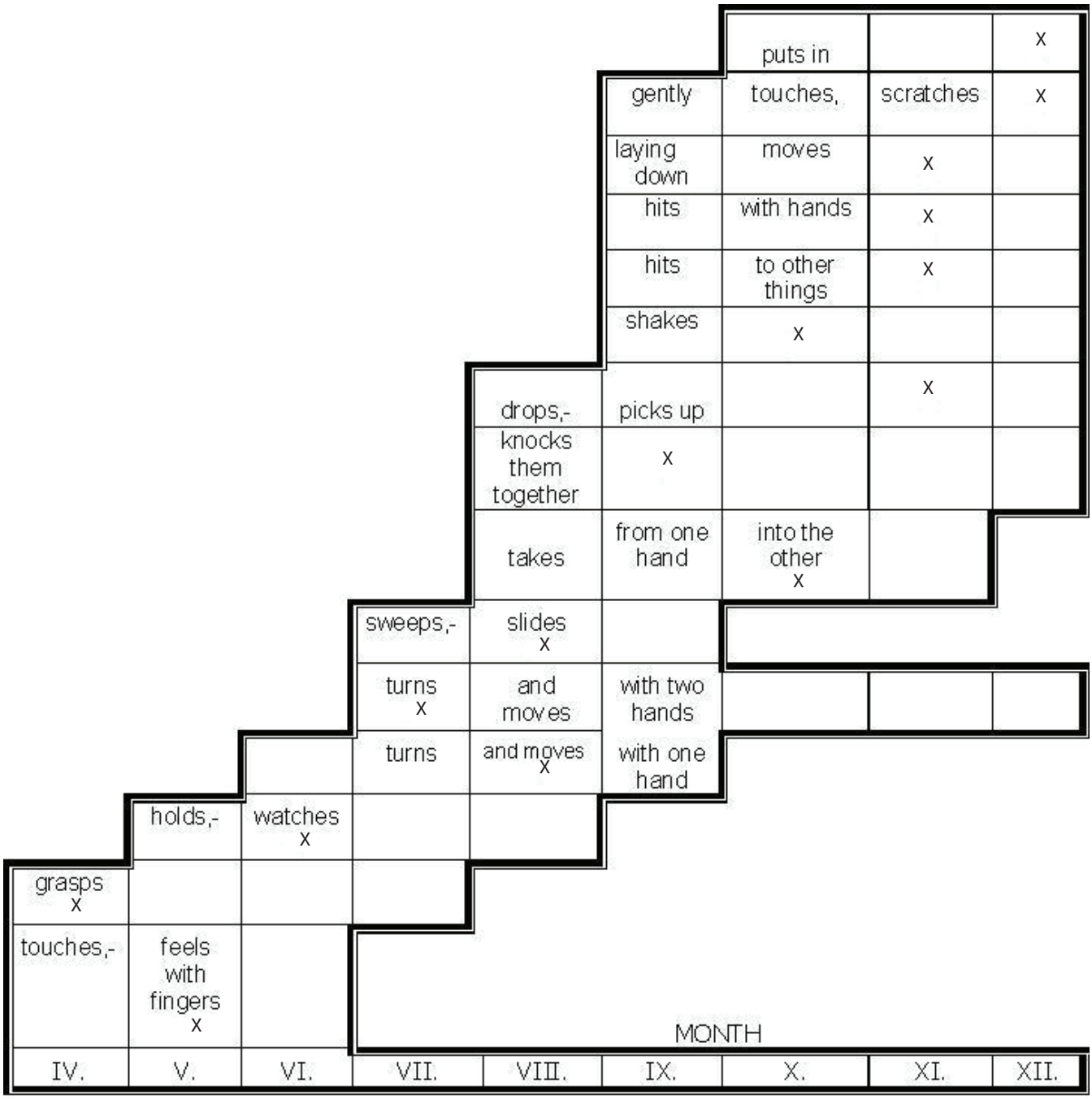


2. The different forms of spontaneous manipulation of objects that we registered.

In the course of activities with objects that are simple and easy to grasp, we observed a rich variety, starting with simple touch of the object to more and more sophisticated activities, such as placing one into the other at the end of the first year. The variety of activities was much larger than expected, totaling over 100 forms of manipulation. We grouped them in 15 categories, as depicted in figure 7. The months marked by framing do not reflect the first, often random occurrence of a form of manipulation. As a result of mathematical calculation, we marked the months in the chart, during which these forms of movement appear significantly more frequently than in the preceding or following months.

The pattern of acquisition was similar for all the infants (as it is with gross motor development): at first, the new form of activity is sporadic, then very frequent, and finally gradually declines though does not completely fade away, while in parallel, the next form of manipulation appears and develops following the same pattern.

FIGURE 7. TYPICAL FORMS OF MANIPULATION.

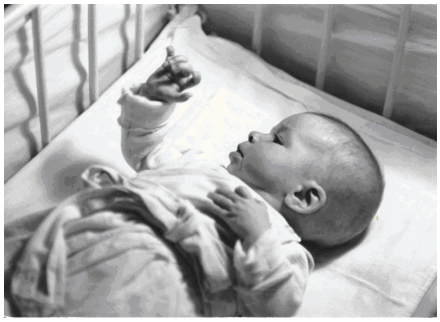


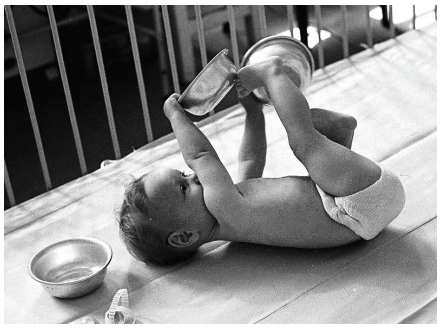
The relatively frequent occurrence periods of typical forms of manipulation between the ages of 3-12 months.

☐ The period of relatively frequent occurrence.

X The time of maximum frequency in the children group of Anna Tardos.

Our hypothesis is underlined by the mathematical analysis of our data. The relatively frequent occurrence means a significantly high density in comparison to the data of the other months. As opposed to that the times of maximum frequency do not show a significant difference to the lowest data of the periods of relatively frequent occurrence either.





The photos are from from the film by Kálló-Mózes, (2009) photos by Marian Reismann.

Here are some examples:

3 to 6 month-old infants typically manipulate and feel the contact with the objects by holding them in their hands: watching, turning, moving, grabbing, bringing them to and from their mouth.

From the 8th and 9th months, infants often play with an object placed on the ground: slides the object held in his hand on a surface, waggles it on the base etc. It seems that holding the object in his hands is no longer so important to him in order to remain in contact with it.

At approximately the same time infants begin to manipulate objects in many different ways, relocating the objects in space. For example, taking from one hand into the other, knocking the objects held in the two hands together, knocking an object held in one hand to something else, dropping it and then picking up again, pushing it off, or rolling it far away, etc.

Each form of movement has its own specific role in the development of eye-hand coordination, in learning about the surface, form, weight and spatial location of the objects, and in the widening experience of how he, the infant, can impact his material environment, how he can move it or make it move.

Taking from one hand to the other, for example, seems a simple task, but in fact it requires the coordination of the opposite movement of the two hands: while one hand is letting go, the other, on the contrary, is closing on the object, and this has to be finely synchronized. Meanwhile, the parts of different shape or color of a non-symmetrical object become visible.

Around one year of age, manipulating two objects becomes predominant. Putting in and taking out become more and more frequent. These forms of activity play an especially important role in preparing logical thinking, in comparing dimensions and forms, and, later, in creating sets. Maybe, it can also have symbolic meanings, such as being together, separated and individualized. Infants around the age of one spend their time literally passionate about repeatedly putting in and taking out, emptying, and filling games.

Still bearing the symbolic meanings of the infant's play in mind, we wondered whether the challenge of moving to a new room and adjusting to a new physical environment, would impact on the infants' forms of manipulation. We try to avoid any unnecessary changes in the lives of the children, but sometimes, it is unavoidable, due to the structure of our two-level small building. Indeed, we observed that in the days and weeks following the change, the frequency of the most recently acquired forms of manipulation decreased significantly. It was only one month later that they returned to their pre-change frequency!

In contrast, the frequency of "drops and picks up" activity was unexpectedly very high and constantly rose in the first 10 days after the room change. One of the symbolical meanings may be the mastery of a "losing and finding" experience.

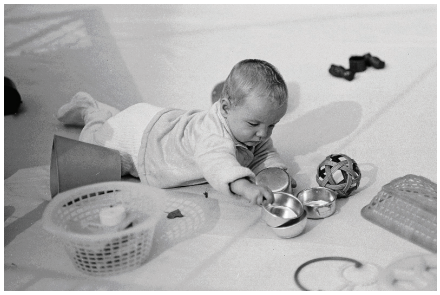
Discussion

The infant's playing activity develops in parallel with gross motor development and develop into more and more sophisticated forms. Infants observe the objects around them in every possible way. They gather knowledge about their attributes, size, weight, color, texture, whether they are rigid or flexible, collect sensory experiences, and learn what they can do with these objects, whether they are near or far, whether they need to make an effort, to reach out or perhaps change their position place in order to touch them, lift them, push or throw them away. Hence, infants pay attention to their own movements, the moving of their body, the objects surrounding them and the impact of their actions.

If nobody tells him what to play with and how and nobody directs or distracts his attention, the child will be preoccupied with an object as long as it interests him. He can pause and later restart his attempts. He can vary the different forms of activities: looking around, manipulating, engaging in gross motor activity. In the course of free activities, variation of the different levels of attention can also be observed among infants in their first year of life. Repeating the action enables the infant to understand and memorize it for next time.

Experiencing the consequences of his own movements, the infant's spontaneous activities become conscious and deliberate. In the course of discovering his environment, the infant asks himself questions and tries to find the answers. This continuous questioning and the desire to experiment characterize his attitude and his actions. Drawing conclusions; anticipating; memorizing; and establishing relationships between the objects, objects and himself, objects and other persons, are all part of the cognitive processes embedded in the infant's exploration and manipulation.

This attitude teaches him to set achievable tasks for himself. In this situation, devoid of external interventions, unsuccessful



attempts do not create the feeling of failure in him. Accepting the momentary failure, and changing his strategy, is part of the learning experience the infant is acquiring through observing the impacts of his actions: He learns to learn. Keeping this learning process alive is more important than the individual results themselves.

As Henri Wallon pointed out, sensomotor activity is the root of thinking, one of the components of intelligence. In the course of the sensomotor activity the child discovers, learns and returns to his previously acquired knowledge to improve them. All this provides him the experience of some continuity and it contributes to his basic sense of competence and security, as well as to building up a strong ego.

The latest research in developmental psychology has confirmed and provided new evidence of the significance of the adult's direct role to transmit knowledge. The infant e.g. gets tuned to the "educational situations" and imitates the activities of the adult with more efficiency than in the other, so-called random situations. Infants and young children acquire different knowledge from the adult and from their own experiences. These two ways of learning are complementary and neither can replace the other. Learning through the free activity does not substitute the direct learning from the adult, but completes it.

Finally, as we have shown in this study, there is a closer correlation between age and the acquisition the different forms of manipulation activities than was expected based on gross motor development. Therefore, the infant's level of maturity should not be assessed to a large extent on his gross motor development, as it is often done, but also to his fine motor manipulation, which in fact reflects his cognitive development.

Conclusion

In order to develop the optimal range and forms of sensorimotor development in the first year of life, the infant needs to be in a positive emotional state, to be given time and space for free movement and exploration, to follow his own interest, to choose from toys around him, to "lose" them in order to find them again. Future studies are needed to compare the richness of the manipulation activities and, at the same time, the characteristics of attention of children raised in the two different ways, and to confirm our clinical impression that these kinds of experiences can foster the cognitive development of the healthy infants, and also lower the risk for psychopathology, including attention deficit disorder, among these at-risk infants.

E-mail: pikler-tardos@t-online.hu

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Anna Tardos – Myriam David: De la valeur de l'activité libre du bébé dans l'élaboration du self. Résultats et discussions de quelques recherches de l'Institut Emmi Pikler á Budapest (The value of the free activities of the baby in the elaboration of the self. Some research results and discussions from the Pikler Institute in Budapest) Devenir, 1991.

H. Wallon: De l'acte á la pensée. Essai de psychologie comparée. (From acting to thinking. Essay of comparative psychology) Flammarion, Paris, 1942.

Recommended videos

Anna Tardos – Geneviéve Appell: A baby's Attention at Play (1990) Pikler Association, Budapest.

Éva Kálló – Eszter Mózes: Játék – Cselekvés – Gondolkodás (Playing – Acting – Thinking) Budapest, 2009, Pikler Association, Budapest.

E-mail: pikler-tardos@t-online.hu

The above text based on a presentation held at the 12th Congress of WAIMH in Leipzig June 30 – July 3 2010: "Contribution of the Pikler approach to what is known with regard to a baby's resources" by Tardos A.

Observation, Application and Research: The Pikler Paradigm

By Bernard Golse, M.D.

Child and Adolescent Psychiatrist, Director of the Child and Adolescent Psychiatry Unit at Necker-Enfants Malades (Paris), President of Pikler Loczy- France Association

The therapeutic atmosphere of the Pikler-Loczy Institute is embedded in the idea of giving up using power over infants. The difficulty that we have in giving up any idea of exercising power over children is to some extent related to our fundamental ambivalence towards the child who, we fear, we may ourselves have been in our own past.

The child who we really were is buried deeply in our mind and remains relatively inaccessible. This is due to the infantile amnesia that covers the initial stages of development and is the result also of all the deferred / retroactive transformations that are constantly modifying our memory traces, including the earliest ones that we have.

The child we would like to have been does not give us much trouble, given that he or she bears the mark of idealization, which tends to put a gloss on that particular image.

It is therefore the child we fear that we may have been who is much more of a hindrance: the feeble child, the ignorant child, the helpless child, the fearful child, the passive child... all kinds of representations that we project onto the infant who is at present in our care and who creates in us the fear that he or she will be unable to deal with this or that kind of problem.

Children's maltreatment has many faces, including direct aggression, denial of their existence, not taking into account their basic needs.

Direct abuse -- physical, mental or sexual -- does, of course, exist, although we hope that it is relatively infrequent.

Denial of a child's existence is no doubt less spectacular than out-and-out rejection or direct hostility, but it may occur more often; it clearly represents a significant narcissistic impingement that weighs heavily on the child's future development.

The most subtle and widespread form of abuse, however, is neglect, or the failure to take the child's basic needs into account. One example would be the fundamental need that all infants have: to make use of their own skills, in the presence of an adult who lets them do their own exploring, at their own rhythm, while supporting them with his or her attentive, watchful and respectful presence.

That element lies at the very heart of the thinking that is so much part of the Pikler-Loczy Institute. It corresponds to the aim of the kind of observation which is practised there and which, as we are all aware, is a core feature of the "therapeutic atmosphere" specific to the work carried out in the Pikler-Loczy Institute.

Yet it is precisely that element which is under so much threat from the culture prevalent in contemporary society with its three criteria: expertise (which disqualifies the parents), rapidity (which undermines endogenous processes and developmental rhythms) and results (whereby qualitative learning processes are supplanted by a purely quantitative evaluation of performance). That threefold approach is completely at variance with the one adopted in the Pikler-Loczy Institute.

The Pikler-Loczy approach to infant observation that puts the infant in an environment suited to his or her needs and capacities (even and especially in an institutional context), should be given full credit for its uniqueness; indeed, it respects the infant's internal developmental rhythm in order to facilitate the acquisition of psychomotor capacities that are both well-balanced and deep-seated (every gardener knows that, if you want to make a plant grow, it is no use just pulling on its leaves !); it gives the child freedom of movement on the physical level, thus foreshadowing the freedom that will later be a feature of the mental sphere; and it pays close attention to the way in which each infant's progress depends on his or her own personal characteristics.

The ability to "be beside" the infant without encroaching upon any initiatives that he or she may take means too that these children are supported all through their instinctual drive development, that any aggressive outbursts which they may have can be transformed so as to acquire a real degree of socialization (based on giving up any idea of controlling other people), and that they can have a true sense of agency as regards their own development.

It is therefore quite clear that the Pikler-Loczy observation technique shares with the method invented by Esther Bick such elements as containment, empathy and transformation -- indeed, it would perhaps be worthwhile to attempt to draw up a model of these characteristic features with reference to Bion's work.

Be that as it may, such an attitude on the part of adults is by far the best guarantee that any idea of using power over the infant will be given up -- and this, thanks to the confidence that the adult has in the child, because that confidence implies that we will not project onto him or her the retrospective fantasy of our own failures or shortcomings.

Adam Phillips's work on the "three negative capabilities", which, he argues, are a characteristic feature of human beings -- the ability to tolerate a sense of perplexity, of feeling lost and of helplessness -- can help us to set up a relationship with the infant that could be described as a respectful "absence of power" over him or her. Consequently, we may be able to support the infant as his or her creativity begins to emerge.

It is that potentiality for emerging creativity that I wish to emphasize in this Symposium on the work being carried out in the Pikler-Loczy Institute. I would like to thank my fellow colleagues for having contributed to that goal in such an intelligent and sensitive manner.

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E-mail: bernard.golse@wanadoo.fr

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The Pikler Institute and the Pikler-Loczy Method

By Charles H. Zeanah, M.D.

Institute for Infant and Early Childhood Mental Health

Tulane University School of Medicine

New Orleans, Louisiana, USA

I am pleased to be invited to comment on papers in this issue on the Pikler-Loczy Institute, but I feel I must begin this commentary with a disclaimer. Like many readers of The Signal, I have only heard and read about the Pikler Institute and method. I have never the visited the Pikler Institute, nor have I even heard a presentation about it, though I did have an opportunity to meet with Anna Tardos and her colleagues in Leipzig and see a couple of video excerpts of infants from the Institute. Because of my limited knowledge about the place and its approach, it is likely that some of my comments will include inaccuracies and misunderstandings about both the institution and its approach. I accept full responsibility for these in advance.

I have two sets of reactions to my reading of the articles in this issue. First, my thoughts about the Pikler-Loczy method, which is highlighted as an approach about how adults can and perhaps ought to "be with" infants. This is obviously an approach that is not restricted to institutional settings but can be employed by any caregiving adults interacting with infants. Second, I will comment on the fact that this particular method continues to be practiced in an institutional setting.

As we learn from Tardos (this issue), the Piklerian view of an infant is active and competent, living "in peace with himself and his environment." Tardos suggests that interest in Piklerian educational and developmental concepts may be due to parents' wishes to raise a generation of children who are more peaceful, cheerful and active individuals. Central to the approach as I understand it, is allowing each infant to move freely and unconstrained, with no imposition of parental agendas, such as holding a 4-month-old in a standing position. In addition to being good for the baby, who achieves and feels proud about realizing the results of his own efforts, the approach is also believed to be good for his parent, because they learn to appreciate and respect the baby's need for autonomy. Konichekis (this issue) emphasizes allowing the infant to use his free and spontaneous activity to take "the initiative of his own movements, making use of his personal capacities and thus becoming less dependent on the people around him." Golse (this issue) emphasizes the adult's relinquishment of power and dominance over the infant.

Developmental research, inspired originally by White's (1959) theory of effectance motivation, began to study a construct now known as mastery motivation. This refers to the inherent pleasure an infant derives from mastering the unfamiliar and is closely linked to curiosity. White believed that individuals are intrinsically motivated to explore and to master their environmental contexts. His position was congruent with Hunt's (1965) view of infants as motivated, active constructors of their environments. This part of the Piklerian view seems familiar.

On the other hand, when Konichekis asserts that from a Piklerian perspective, "a baby can also exist alone," it is clear that the approach diverges quite dramatically from a mainstream contemporary infant mental health perspective which has emphasized the infant in relational context. It is possible to argue that the Pikler approach has more to do with how one is with the baby, but it seems clear to me that the emphasis on infant autonomy is a clear difference.

Vamos (this issue) and Golse are most explicit about the interpersonal aspect of the Piklerian approach. Vamos notes that it is within instrumental caregiving activities rather than play that the child experiences "the adult's investment," creating the "basis for their relationship," and "the foundation of the infant's self-construction." This is puzzling, to say the least, as adult investment in the baby seems likely to transcend the nature of the specific transactions (e.g., play, instrumental care, instruction). Parent child relationships, to be sure, may vary in the functional domains that are healthier or less healthy, but why the adult's investment would be most apparent during instrumental caregiving is unclear.

Golse contrasts the Pikler-Loczy way of being with an infant with contemporary cultural pressures for parents' expertise (doing things the "right" way), rapidity (pressures to hurry up) and results (an emphasis on quantifiable results). Instead of these values, Pikler-Loczy emphasizes allowing the infant to develop more spontaneously, at his/her own pace, and valuing experiential learning processes rather results. For so called "intrusive" parents, one can appreciate the value of this approach, much as Watch, Wait, and Wonder encourages emotional availability and reflection before action (Muir, 1992).

Interestingly, because of the large number of orphaned children after the Second World war, Dr. Emmi Pikler started a "nursery home" in Budapest, and there she applied her approach to the children being raised there. The Loczy has operated continuously for the past 64 years. The many testaments in this issue to the quality of care provided there indicate that there is an extensive effort to recruit and train the staff in the Piklerian approach.

Given the well documented corrosive effects on infant development that have been demonstrated in studies of institutionally reared children (Nelson et al., 2009; Rutter et al., 2010), this raises interesting questions. What is the nature of attachments between the infants in Loczy and their caregivers? Given the de-emphasis or perhaps interchangeability of caregivers in this approach, what are the outcomes for the young children raised there? How are they similar to or different from children raised in other settings?

Although institutions are likely to remain caregiving settings for orphaned and abandoned children for the foreseeable future, there is a strong consensus in the child development and child protection literatures that young children are best raised within families. We know from the work of McCall and colleagues (2009) that caregiving quality within institutions can be enhanced, but every study ever conducted comparing foster care and institutional care has found that children in foster care look better on virtually every measure employed. This raises the question of why, other than historical reasons, the Piklerian approach is tied so closely to the Pikler-Loczy institution. The work of Vamos illustrates that the approach may be applied to children living with their parents. Presumably, foster parents also could be trained in this method, and its value in that context could be evaluated.

In summary, this is fascinating approach that deserves formal evaluation. I strongly encourage those committed to it to consider the value that would have for those who wonder about its role in contemporary infant mental health.

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E-mail: czeanah@tulane.edu

Affiliates Corner August 2010

Recently a new council has been established within WAIMH: the WAIMH Affiliates Council. This Council consists of each WAIMH Affiliate president. In Leipzig, the newly elected Chair of the Affiliates Council is Martin St-André (Quebec) and the newly elected Affiliate Council Representative is Maree Foley (New Zealand).

The purpose of the WAIMH Affiliates Council is to:

Advise and guide the Executive Committee regarding the activities, needs, and opportunities of the regions served by WAIMH and its many affiliate, infant mental health associations. It shall attend to matters of scientific information exchange, education, and training with respect to clinical infant mental health throughout the world and it may suggest initiatives with respect to workshops, regional meetings, and other activities to be facilitated by WAIMH (WAIMH Inc ByLaws, Article IX).

The initial task of the council will be to facilitate expertise sharing across WAIMH Affiliate: getting to know more about what we share in terms of strengths and concerns as well as our unique cultural differences. We will invite each affiliate president to share information about key aspects of the life of their affiliate: training activities, partnerships, advocacy, organizational structure, membership profile and development, etc. This information will then be made available to the Council and WAIMH Board to collate, distribute and guide future decision making. The process should lead to an online survey where each Affiliate will be invited to participate.

While the immediate focus is to gather the Affiliates into a shared working relationship, we are aware that not every WAIMH member has ready access to an Affiliate. So, if your region is in the early stages of developing into an Affiliate, or if you are a WAIMH member who resides in an area where there is no easily accessible Affiliate, we welcome your participation. If you would like to participate, you can email the WAIMH office in the first instance. From there we will work alongside you to find the optimal way to include your contribution.

From here on in, the Signal will provide a venue for the Council to keep you updated with progress. In addition to the articles on affiliates that have regularly enriched the Signal over the years, we hope that once the initial structures are in place, this space will become a regular site to provide an even richer synergy among affiliates. Furthermore, we hope that the creation of this council will catalyze our common thinking regarding the creation of new WAIMH Affiliates in areas of the world currently underserved in terms of infant mental health.

Martin St-André, MDCM
Chair of Affiliate Council

Maree Foley, MPhil (Dist)
Affiliate Council Representative

Book review

By Kate Rosenblum

I was delighted to read "Attachment Theory in Clinical Work with Children," edited by David Oppenheim & Douglas Goldsmith (Guilford Press, 2007) while attending the WAIMH meeting this summer in Leipzig, Germany. This volume is a treat to read, providing a wonderful synthesis of research and clinical practice. While a number of books have generally addressed the clinical application of attachment, this book stands out in its emphasis on case studies and details of practical applications. What struck me as I read was how much reading this book resembled attending the meeting. Like the WAIMH meeting, this volume brings together an impressive array the leading scientists and theoreticians in the field of attachment research. Most impressive, however, is not simply the academic credentials of the contributors, but their ability to delve into the clinical applications of their work. Chapters skillfully weave together summaries of the current research, state-of-the-art clinical practice, and detailed case studies to illustrate concepts presented.

The book is divided into two main parts. In the first half, chapters emphasize the clinical application of research-based attachment assessment methods. The second half emphasizes interventions with children and their families that are rooted in attachment principles.

The first section begins with a chapter by Charley Zeanah, who sets the stage for what is to come. While the representational interview he describes, the Working Model of the Child Interview, has been described previously, this chapter weaves a description of the interview through a richly detailed, lucid case study. Excerpts from the case study narrative are provided, and Dr. Zeanah's commentary guides the reader through his reflections on the meaning of these responses and their clinical significance. The next chapter by Nina Koren-Karie and colleagues introduces the reader to another research-based tool, the Insightfulness Assessment, which, briefly, involves having parents observe a video of their child and describe their own perceptions of what the child may have been thinking and feeling. The authors introduce the clinically-relevant concept of insightfulness and summarize the research using this method. This chapter is also richly clinically detailed, with two case studies and helpful narrative samples drawn from their intervention research. The interview is used to help derive clinical goals in these cases, and it was notable that the interview helped identify both risks (intervention targets) but also strengths. In chapter 3 Miriam Steele and colleagues parallel work on attachment in infancy, highlighting the ways that careful observation of moment-to-moment interchanges between late-adopted children and their parents can provide a window into the "attachment facilitative behaviors" that create the opportunity for child healing in this new relational context. They provide a detailed overview of their approach to observation of parent-child interaction, including a description of their coding systems, and discuss how they use they use these observations as a key component of a brief feedback intervention with parents. The clinical relevance of this work is made evident in the ways they use moment-to-moment observations to identify families most at risk, and identify the critical need to help parents learn to override avoidant signals commonly sent by late-adopted children. Mary Dozier and colleagues, in chapter 4, extend this topic by describing their work with foster parents using the "This is My Baby" interview. They have identified foster parent commitment as a key predictor of attachment outcomes for foster parent-child dyads, and in this chapter provide brief vignettes to illustrate comments that reflect high versus low commitment. Their conclusions underscore the need for both systems change and psychotherapeutic approaches to enhance foster parent commitment. Finally, in chapter 5, David Oppenheim and colleagues present the Reactions to Diagnosis Interview (RDI). Following an overview of prior work with this instrument and a theoretical rationale, authors then provide a detailed summary of their work with the RDI with parents whose children have been diagnosed on the autism spectrum. Vignettes illustrate the range of "resolution" with respect to the diagnosis, and data show that parental resolution is linked to the quality of caregiving, even in the context of raising a child on the autism spectrum. The authors underscore the need to legitimize attention to parents' feelings in the context of diagnosis, as so often the child's needs occupy the sole focus of attention, leaving parents without necessary support to work through their reactions and respond with sensitivity to their child's needs.

The second half of the book begins with a chapter by Amy Bush and Alicia Lieberman, who describe an integrated approach to treating young children exposed to family violence that brings together two lines of research—trauma research, which highlights the harmful effects of traumatic stress on parents and children, and attachment research, which emphasizes the importance of the parent-child relationship as a potential moderator of the harmful effects of trauma. They recommend a "dual lens" in work with children and families impacted by domestic violence, and illustrate this dual focus in a richly detailed case study. In chapter 7 Powell and colleagues describe the Circle of Security (COS), an intervention explicitly based on attachment theory. The authors provide a case study that walks us through not only various aspects of a COS treatment, but also introduces a number of powerful and therapeutically useful metaphors derived from this framework. The reader leaves with more "tools in the toolbox" for talking with parents in clear, straightforward ways about complex attachment constructs. In the next chapter Douglas Goldsmith broadens the therapeutic lens to focus on how attachment-based interventions in the preschool context can be used in tandem with parent-child psychotherapy. The preschool setting has the opportunity to provide the child with nurturing interactions that challenge the children's view of adults as either punitive or unavailable. Through interaction with staff children learn that adults can be called upon to help co-regulate, soothe, comfort, and support positive relational development. A case study makes clear the ways that parent psychotherapy and child-focused together work powerfully to support child healing. In the last chapter Arietta Slade takes a slightly different focus, synthesizing attachment theory and psychoanalytic process, with a focus on the mentalization of affective dysregulation and therapeutic change. She provides two case studies, one illustrating disorganization and frightening maternal behavior during the first year of life, and the second describing her treatment of an adult woman who she similarly understands as having a disorganized style with respect to attachment. The latter provides a particularly nuanced view of how attachment concepts infuse and can help clarify the nature of individual psychotherapeutic work with an adult client.

In all, this book provides a refreshing view of attachment concepts with a strong emphasis on actual clinical application. While the authors have each contributed to the strong research base for attachment theory, in this volume what is most evident is their capacity for insightful, meaningful application of this work in real-world clinical work. I highly recommend it!

International Adoption: Benefits, Risks, and Vulnerabilities

By Tamsen Rochat and Linda Richter

Child, Youth, Family and Social Development Programme, Human Sciences Research Council, South Africa

ZERO TO THREE Corner

The international adoption of children who have been raised in institutions abroad is on the rise in the United States and is not without controversy. Reasons for the increase include higher rates of infertility in couples who have delayed parenthood; increased numbers of children who are relinquished, abandoned, or orphaned around the world; and the influence of third party agencies. Internationally adopted children face numerous risks and vulnerabilities, including the loss of their family, country, language, and culture. Critics argue that international adoption helps a relatively small number of children who find adoptive parents but may impede countries from developing social programs that would benefit the vast majority of children who are suffering due to poverty or social and political problems.

The issue of international adoption has featured prominently in media headlines, spurred in recent years by public interest in the family-building activities of superstars such as Angelia Jolie and Madonna. Although newsworthy and fashionably interesting, neither the practice nor the controversy surrounding international adoption is new. As Rosenblum and Olshansky (2007) highlight in their discussion of diverse pathways to parenthood, adoption plays a significant role in the formation of kinships in the United States, with roughly 2.5% (16 million) of all children under age 18 being adopted (U.S. Census Bureau, 2007). Likewise, international adoptions have increased from 5% of all adoptions in the late 1980s to 15% of all adoptions in 2001 (Kane, 1993; Selman, 2002), a threefold increase that indicates significant growth in the popularity of adoption as a method of family building (Johnson, 2005).

International adoption is currently estimated to involve over 40,000 children a year moving between more than 100 countries (Juffer & van IJzendoorn, 2005). The 2000 U.S. census reported 199,136 international adoptees younger than 18 years living with families in the United States (Johnson, 2005) and official U.S. immigration data indicates a further increase of 107,841 over the four years 2001–2005 (U.S. Department of State, 2007a; U.S. Department of State, 2007b). Given the scale of the increase, there can be little doubt that hundreds of thousands of American families, their child-care practitioners, and other service providers are participating in and are directly or indirectly affected by the explosive growth in international adoption.

Trends in International Adoption in the United States

The early history of international adoption has been well documented (Altstein & Simon, 1991; Selman, 2002; Weil, 1984). It emerged as a valued, legal, and morally motivated practice in the aftermath of World War II, when thousands of orphaned and destitute European children were brought to the United States. International adoption in this earlier period was motivated by care and concern for children in distress in foreign countries.

In the latter part of the 20th century, American involvement in conflicts in Korea and Vietnam increased the motivation for and practice of international adoption. Other factors included the humanitarian fallout from civil conflicts in countries such as Greece, El Salvador, and Haiti, and, more recently, the collapse of communism in Eastern Europe and the introduction of population control initiatives in China (Hollingsworth, 2003; O'Halloran, 2006).

Trends and patterns in international adoption over time suggest that increases in international adoption are not generally motivated by humanitarian responses to war and conflict (Selman, 2002). Instead, they have become an attractive option for infertile couples in western societies, who may or may not also be motivated by the desire to care for children in need. Whereas in the 1960s and 1970s adopters might have been motivated to assist children in need of a home, potential adoptive families today are seeking babies who are healthy and voluntarily relinquished (Momaya, 1999; O'Halloran, 2006).

During the last three decades, several studies (Kane, 1993; Selman, 2002; Weil, 1984) have examined the growth and trends in the migration patterns of children through international adoption, both worldwide and to the United States. These studies have demonstrated a rapid and significant increase in the number of international adoptions to the United States since the 1980s. In comparison to other countries, the United States has shown the biggest growth in international adoptions and now accounts for over half of all such adoptions worldwide.

Most analysts agree (Hollingsworth, 2003; Johnson, 2005; Kane, 1993; Selman, 2002; Weil, 1984) that three important factors have driven the increase in international adoptions to the United States:

1. Increased demand for children from within the United States.
2. The abject poverty of southern hemisphere countries and the subsequent abundant number of children who have been abandoned, left destitute, or relinquished by their birth families, in addition to those who have been orphaned.
3. The activities of third parties, such as adoption agencies, who strongly influence and facilitate the current child migration process.[

In addition, the following factors have played a specific role in the increasing demand for international adoption in the United States.

Increased Reproductive Health Choices and Decreased Fertility

Most western societies have seen a drop in fertility rates over the last few decades, and the United States is no exception. Current reproductive trends indicate that at least one quarter of American women have their first baby after 35 years of age. This, along with greater reproductive choices, has led to increased involuntary infertility. The net result has been that fewer unplanned or unwanted infants are born in the U.S.,

and many more parents find themselves unable to build a biological family later in their lives (Darnell, 2004; Johnson, 2005; O'Halloran, 2006; Selman, 2002).

Increased Maternal Choice and Support for Unmarried Mothers

Increased maternal choices to retain rather than relinquish a nonmarital child have played a significant role in reducing the number of children available for domestic adoption. Declining stigma, coupled with welfare benefits and support services, has allowed single parenting to become a feasible option, and has resulted in fewer American children being made eligible for domestic adoption (Hollingsworth, 2003; Johnson, 2005; O'Halloran, 2006).

Birth Parents' Rights and Open Adoption Systems

Increased protection of birth parents' rights, the development of the foster care system, and the movement away from closed adoptions have influenced the number, age, and nature of children available within domestic adoption systems. Currently, a child's eligibility for adoption is determined more by court processes than by parental choice. Children being made available for adoption tend to be older, with some level of mandated contact with birth parents (Johnson, 2005). Despite the changing demographic in nationally available children (e.g., in 2001 only 2% of children adopted from foster care were less than 12 months, as compared to 44% of international adoptees that year), the demand for younger children and closed adoption has remained constant (Johnson, 2005; O'Halloran, 2006).

Commercially Driven Adoption Agencies and Third Party Placements

The United States (unlike the United Kingdopermits independent and third-party adoption placements; consequently, commercially driven agencies are frequently involved in facilitating adoption placements from overseas countries (O'Halloran, 2006). Evidence suggests that international adopters in the United States are economically advantaged, educated, and older (Juffer & van IJzendoorn, 2005; Momaya, 1999; Wallace, 2003). Waiting periods for national adoption tend to be longer regardless of wealth and somewhat less certain, based on age or marital status. In the international adoption arena wealth, or buying power, is often able to facilitate adoption placements. Adoptive parents may have greater choice in the age and background of the child and a shorter waiting period, if they are willing to spend significantly more money than they would for a national adoption. Factors that may influence eligibility in the United States are often much less restrictive in the international adoption arena and more influenced by other eligibility criteria, such as income and willingness to adopt (O'Halloran, 2006).

Risks and Controversies

Along with the increasing demand for and rapid growth in international adoption, growing concerns have been raised by or on of behalf of sending countries. These concerns have mainly centred on the following issues.

The Removal of Adoptable Children From Their Birth Country

International adoption, in particular recent trends demonstrating an increase in the demand for younger, healthy infants, may lead to the removal of the most adoptable children from their own countries (O'Halloran, 2006). International adoption preempts the possibility of meeting the needs of native adopters and leaves behind children who are statistically less likely to be adopted. Several analysts (Hollingsworth, 2003; Selman, 2002; Wallace, 2003) have raised concern over issues of social justice and inequity in the current era of explosive growth.

The Removal of Children From Their Birth Culture and Kin

International adoption often results in a permanent removal of a child, either directly, through a closed adoption process still allowed in many sending countries although prohibited in the United States. or indirectly, by the financial and geographic barriers to continued contact with birth culture and kin (O'Halloran, 2006). This may have implications for the future development and identity rights of the internationally adopted child (Mohanty & Newhill, 2005). Despite the fact that international standards encourage adoptive parents to ensure the child has an opportunity to learn about their birth culture, evidence shows that very few adopting families are able to sustain this over time (Wallace, 2003).

Circumstances of Poverty Often Create Greater Vulnerability

The unremitting poverty and hardship experienced in poorer sending countries often make birth parents more vulnerable to pressure to relinquish a child for financial gain (O'Halloran, 2006). A lack of support services and poverty increase the likelihood of abandonment of children, in particular if birth parents feel they are giving the child a chance at better care (Hollingsworth, 2003; Wallace, 2003). Furthermore, postadoption opportunities for contact are limited, either by the nature of the adoption, or by the inability to practice openness because of the distance and financial resources required. Consequently, access to "open" adoptions is severely limited (O'Halloran, 2006).

Market-Driven Economies Introduce New Risks for Children

The current rapid growth in the movement of children across borders and the increased demand and supply of children has resulted in market-related conditions developing for the legitimate trade of children (Kane, 1993). However, such developments create precisely the conditions under which it becomes difficult to protect the rights of children and the "best interest of the child" are less and less likely to be taken into consideration (O'Halloran, 2006). Market-related conditions for adoptions raise concerns that the legality of an adoption process may be compromised on account of the wealth or financial status of the adopter or of their representing agency, as was demonstrated by the recent adoption by Madonna from Malawi. Although the Hague Convention on Intercountry Adoption (see box) provides an international regulatory framework, its capacity to standardise and raise levels of practice is limited by the fact that a number of countries that participate in international adoption and send children to the United States are not yet signatories, have not yet ratified the convention (Kane, 1993; O'Halloran, 2006), or do not have the capacity to implement its provisions.

The Risks of Increased Baby Trafficking

International adoption regulations within the US are stringent, but very little can be done to ensure that sending countries adhere to those regulations, regardless of whether they are signatories to the Hague Convention (D'Amato, 1998; O'Halloran, 2006)—as evidenced in the cases of Romania in the early 1990s, Cambodia in the late 1990s, and current growing concern over the adoption trade in Guatemala (Bainham, 2003; Wittner, 2003). The problems remain the same. Only the countries of focus change; as one gateway closes, another opens. Although proponents of international adoption argue that child trafficking is an unlikely and frequently exaggerated outcome (Johnson, 2005), recent history seems to suggest otherwise (Bainham, 2003;

Fieweger, 1991; Wallace, 2003; Wittner, 2003). A case in point is how unscrupulous baby brokers took advantage of loopholes in Romanian law after the fall of the Soviet Union (brought to the attention of the general public in an expose by the U.S. television show "60 Minutes"), facilitating over 10,000 Romanian adoptions in 1990–1991 and resulting in an emergency moratorium on adoptions from that country (Bainham, 2003). Likewise, the exposure of baby-selling rings in Cambodia by the U.S. television program "20/20" and the resultant moratorium on adoptions from that country by the U.S. in 2001 (Wittner, 2003). These examples provide ample food for thought about the threat that international adoptions can be used for trafficking. It is naive to presume such actively does not present serious risks for children and vulnerable communities in sending countries.

The Challenges Facing International Adoptees

There are many difficulties in achieving a match between the adoptive home circumstances and the needs of the internationally adopted child (O'Halloran, 2006), often because of the high degree of uncertainty within the adoption process itself, the great geographic distances over which the process has to be managed—often with considerable costs attached (Bledsoe & Johnston, 2004; Johnson, 2005)—and the difficulties in accessing verifiable information regarding parental consents, health, and genetic background (Miller, 2005b). Internationally adopted children have often come from deprived settings and from cultures in which they have multiple caregivers, and they need to make tremendous and rapid adjustments upon arrival in the United States (Mohanty & Newhill, 2005; Shapiro, Shapiro, & Paret, 2001). Some commonly cited challenges include the following.

The Initial Transition and Adjustment to a New Environment

Internationally adopted children and their new families face multiple challenges in their adjustment to family life in the United States. Many children adjust well, but understandably some find this sudden transition difficult and often display behavioral and emotional difficulties related to everyday activities such as sleeping, eating, or bathing (Miller, 2005a). The length of prior institutionalisation, if any, as well as the age of the child at adoption, can affect the ease with which children adjust to their new environment; younger children tend to adjust more quickly than older children (Diamond et al., 2003; Gold, 1996; Goldberg & Marcovitch, 1997). However, any young child who experiences a complete change in environment and routine may as a result become withdrawn or distraught. Although new parents are excited, they may be ill prepared to deal with this transitional period and require additional support (Groza & Ryan, 2002; Groza, Ryan, & Cash, 2003; Haradon, 2001; Levy-Shiff, Zoran, & Shulman, 1997; Mohanty & Newhill., 2005).

Medical, Developmental, and Behavioral challenges

Internationally adopted children face greater risk of possible exposure to infectious diseases (Chen, Barnett, & Wilson, 2003; Lebner, 2000) or other illness, malnutrition (Altemeier, 2000), or failure to thrive, which adoptive parents may not be fully aware of or prepared for at the time of adoption. Many children may display developmental delays or cumulative cognitive deficits depending on their age, the impact of the quality of care they have received prior to adoption, or the length of pre-adoption institutionalisation (Juffer et al., 2005; Mason & Narad, 2005; Serbin, 1997; Weitzman & Albers, 2005). These

The Hague Convention on Intercountry Adoption

The Hague Convention strengthens protections for adopted children by:

Ensuring that intercountry adoptions take place in the best interests of children; and

Preventing the abduction, exploitation, sale, or trafficking of children.

Currently, 68 countries have joined the Convention, which was completed and circulated for comments by member countries on May 29, 1993, under the auspices of the Hague Conference on Private International Law, an international organization formed in 1893. The Convention is expected to be fully implemented in the United States in 2007. At that time, private adoption service providers will need to be accredited, temporarily accredited, or approved, or be supervised by a provider that is accredited, temporarily accredited, or approved, in order to provide adoption services in cases involving the United States and another Convention country.

Top 10 Convention Countries from which U.S. Citizens Adopted in FY05

COUNTRY	No. of Adoptions
1. China	7906
2. Guatemala*	3783
3. India	322
4. Colombia	291
5. Philippines	271
6. Mexico	88
7. Poland	73
8. Thailand	72
9. Brazil	66
10. Moldova	54

Top 10 non-Hague Countries / Territories from which U.S. Citizens Adopted in FY05

COUNTRY	No. of Adoptions
1. Russia	4639
2. South Korea	1630
3. Ukraine	821
4. Kazakhstan	755
5. Ethiopia	441
6. Haiti	234
7. Liberia	183
8. Taiwan	141
9. Nigeria	65
10. Jamaica	63

*Although Guatemala is a party to the Convention, its adoption procedures do not meet the standards of the Convention.

Source: U.S. Department of State

children face learning a new language under great communicative pressure and are likely to need specialised assistance in developing the particular knowledge essential to thriving in their new cultural context (Gindis, 2005; Mohanty & Newhill, 2005). Sensitive and timely preschool placement and long-term remediation are crucial (Caro & Ogunnaike, 2001; Costello, 2005; Gindis, 2005). Children's developmental outcomes can often be significantly improved by access to family and community services and resources in the postadoption period (Barnett & Miller, 1996; Bledsoe & Johnston, 2004; Caro & Ogunnaike, 2001; Galvin, 2003; Groza et al., 2003; Haradon, 2001; Mohanty & Newhill, 2005).

Dealing with Issues of Culture and Identity

Many studies report international adoptees' confusion about their race, ethnicity, and cultural identity, and experiences of racism and discrimination (Mohanty & Newhill, 2005; Silverman, 1997; Vonk, 2001). Although in most situations a child's culture has a positive meaning and helps a child to identify with others and define him- or herself, in the case of international adoption, culture may have both positive and negative meanings for the child, because an internationally adopted child's cultural background may be closely related to experiences of loss, deprivation, or abuse (Benson, Sharma, & Roehlkepartain, 1994; Mohanty & Newhill, 2005; Silverman, 1997; Vonk, 2001). Ethnic identification and pride play an important role in the development of positive self-esteem and overall psychological adjustment and can serve as a protective factor against behavioral problems, particularly during adolescence (Mohanty & Newhill, 2005). Research suggests that internationally adopted children adjust better if they are provided with a nurturing environment that openly acknowledges the physical differences they may have from their adopted family or peers. It is also helpful if internationally adopted children are exposed to positive role models from their countries of origin, and if acknowledgment is given to the psychological similarities between themselves and their new family and country (Mohanty & Newhill, 2005; Trolley, Wallin, & Hansen, 1995; Vonk, 2001). Cultural competence on the part of the adoptive parents is critical, and the internationally adopted child's self-esteem is often positively correlated to parental cultural competence and the extent to which children are exposed to their culture of origin. Further research is required to fully understand the exact mechanisms of positive adjustment in internationally adopted children and to better operationalise the construct of cultural competence. To strengthen internationally adopted children's adaptive psychosocial functioning, family support services should be sensitive to issues which may undermine parental support for the child's identity (Feigelman & Silverman, 1984).

Implications for Policy, Research, and Practice

Social policy changes in adoption processes within the United States, the protection of parental rights, and the provision of legislative and welfare support to keep young children with their biological parents in all reasonable circumstances and to encourage open adoptions have resulted in fewer young, healthy children being available through public and private adoption systems within the United States (Johnson, 2005; O'Halloran, 2006). In the 2002 national survey of attitudes about adoption (Harris Interactive, Inc., 2002, p. 29), 84% of respondents stated that, if they were thinking about adopting, a major concern would be making sure that birth parents could not take the child back. Many prospective parents felt they wanted to adopt the child, not the child's family nor the problems that prompted the adoption process in the first place (Johnson, 2005).

The development of increased maternal and paternal rights in the United States is aligned with the international principles established by the Hague Convention that champion the right of children to be raised by their birth parents in their birth cultures and countries unless compelling circumstances dictate otherwise. To some extent, the wealth—and the social policy protection associated with that wealth—of the United States has protected these rights for its youngest citizens. Yet this circumstance—although perhaps inadvertently—has created a demand for younger, healthier children accessed from outside the country through closed adoption with a greater and greater frequency from somewhat poorer countries that are less or not able to provide their children with such protections (Hollingsworth, 2003; Wallace, 2003).

Although there can be no disputing that adoption presents a healthier and more successful option for children without family care than any nonpermanent social program (Bartholet, 1993), we need to ask whether international adoption reduces political will to develop systems that encourage and support domestic adoption in more prosperous sending countries (as evidenced in South Korea) or exploits the inability of poorer countries to do so while providing for the parenting and family-building needs of western society. The fact that countries such as South Korea, China, Thailand, and the former communist states of Eastern Europe are sending children to the United States and Sweden despite having birth levels below replacement level warrants both political and ethical consideration (Kane, 1993; Selman, 2002; Weil, 1984).

In contrast, international adoption as a means of family building is proving to be fairly successful for American adopters. Younger, healthier children from closed adoptions from other countries are better adjusted than domestically adopted children (Miller, 2005b). A recent large meta-analysis (Juffer et al., 2005) of the behavioral and mental health outcomes in internationally adopted children suggests that most internationally adopted children are well adjusted. Even though they are more frequently referred for mental health services than their nonadopted peers (Juffer et al., 2005), international adoptees have fewer behavior problems and are less frequently referred to mental health services than domestically adopted children (Juffer et al., 2005). Trends indicating that the demand for younger children is more frequently being met through international adoption (Johnson, 2005) at the expense of domestically available older children (O'Halloran, 2006) should give us pause for thought.

Concluding Thoughts

Superstar Angelina Jolie, despite critiques of her family building activities, in fact models quite well the Hague requirements for preserving a child's cultural heritage by ensuring that her children have frequent contact with their birth culture and country, and by drawing attention to the needs of children in their countries of origin. Critics would be hard pressed not to concede that she has met the international standards enshrined by the Hague Convention. The questions is to what extent the average international adopter in the United States can afford, or is willing and able, to do the same.

It is often argued that the practice of international adoption helps to save children from a life of institutionalisation, but in reality very few institutionalized children in sending countries benefit

from international adoption. International adoption does little to change the status quo or encourage and support the development of family preservation or domestic adoption systems in sending countries. It is quite possible that international adoption may be courting inertia around developing adequate child welfare programs in sending countries (Hollingsworth, 2003; Selman, 2002; Wallace, 2003).

Although in no way invalidating the rights of individual children to a better and more stable family life, we must acknowledge our responsibility to strive for the same conditions and opportunities for all children regardless of the country of their birth. In advocating for a better world for all children, an important first step is to raise awareness and attention of the complexities within the debate surrounding international adoption and to advocate, with the hindsight and wisdom afforded to us by history, for a deeper, more complex, and realistic perspective of what may be in "the best interests of the child" within these debates.

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Contacts e-mail: SPowers@zerotothree.org

Editor's Perspective

By Miri Keren, M.D.

Can an institution really be a growth-promoting environment?

We have learned from various studies, including Charlie Zeanah's, how detrimental the institutional environment is for the parentless infant's bio-psycho-social development. We also know that after the age of 24 months, the institutionalized infant's developmental prognosis is significantly worse than that of an infant who has been adopted before 24 months of age. We can also observe after 24 months the long term sequelae of the lack of attachment figures - a point of "no return":

Three years ago, I was asked by the Social Welfare Head to take the position of consultant child psychiatrist of the Baby Home in the Tel Aviv area (Israel). With the knowledge I had about parentless infants and institutional environments, I wondered very much about my role. During the first year, I had a very frustrating experience, similar to the one described by our Greek colleague, Grigoris Abatzoglou, while listening to the comment made by every one involved in directing the Baby Home. "You can't expect an institution to function like a home. We are doing our best, and you have to accept the situation as it is here. This is not the university where you teach!" I was left alone with my academic knowledge and clinical experience, helpless in front of the infants who appeared doomed to add to the gloomy data about institutionalized young children.

Life events, as we all know, can change the path of development. It seems to me this is also true regarding our professional development. Anna Tardos (in this Issue) has eloquently described how Emmi Pikler's own resilence and creativity helped her survive WW II, and then led her to create the Loczy home for the post-war abandoned babies. Myriam David, who created the Loczy Institute in Paris after having survived a Nazi camp, once told at a WAIMH Congress, the personal meaning of the Piklerian approach for her. To her, it had restored respect for humans, respect that she thought,had been destroyed forever.

Let me tell you about the small personal life event that made me find a way out of the professional impasse I was facing at our Tel Aviv Baby Home. Two of my own children decided to do their medical studies in Budapest, Hungary, at the International Studies of the University of Simmelweiss. As a "good enough " Mum, I had to go there and be sure they had all that they needed, forgetting they were already adults, but also remembering what Bernard Golse had told me, a year before (at a symposium on adoption) about a unique institution for infants, called Loczy, in Budapest. I called him in Paris and asked him whether I could go and see the place. It turned out they were planning to organize a training week for advanced professionals who already knew the Piklerian approach. Though I was a complete novice in that specific field, they agreed to take me in. I was honored and timid. On the first day, I was introduced to the main concept of "respecting the baby." Until then, I thought I knew what it meant to respect a baby. What I learned was how to convey respect to the baby, which concrete gestures and attitudes demonstrate. This issue of the Signal summarizes the main points of the Piklerian developmental approach to babies in general and how to apply it in potentially detrimental environments such as institutions for abandoned babies.

What was even more special to me during that week long workshop was learning about the concrete meaning of respecting the infant's future adoptive parents. The first day of the workshop was about ways to transmit the main tenets of the Piklerian approach to the new nurses at Loczy. We were watching tapes (those mentioned by Anna Tardos in her paper), and I felt somehow bothered by what looked to me artificial in the way nurses were so well trained in doing the exact Piklerian movements and talk while caring for the infants. I was struck by the lack of the common, spontaneous behaviors caregivers usually display with infants, such as kissing. I did not dare saying anything, but Julianna Vamos, an extremely sensitive clinician and one of the leaders of the workshop, saw my nonverbal cues and asked me to express overtly my feelings, which I did, thanks to the facilitating environment of that workshop. Dr. Vamos explained how their way of caregiving reflects the therapeutic aspect of the Institution, similar to the psychodynamic and therapeutic setting. She went on to say, "We are therapists, not parents or friends or relatives. The institution cannot be, by definition, a regular home, therefore we cannot behave 'as if we are parents', we can only be good enough caregivers and clinicians. The caregiving interaction between the nurse and the infant is a psychotherapeutic one, not a parent-infant relationship." Therefore the nurse needs to be taught not to be overwhelmed by her countertransferential urges to kiss the infant as if he is her own or to maltreat him because he is a "difficult" baby as we can see in many institutions. "You see, you can tell the infant about the special kiss that can be given only by two persons in the world: his adoptive parents who will, one day, come and take him home…and meanwhile, you just touch him affectionately and respectfully of his own desir.e" It took me a full week to comprehend, feel, and internalize this sentence, but since then, this is what I have been teaching the team of our own Baby Home in Tel Aviv. In the process of making the notion of respect more tangible, we have started to look at body caregiving interactions with the team. Talking to the infant, identifying his strengths and weaknesses, developing Insightfulness (see the Book review in this Issue) and verbalizing the countertransferential feelings he evokes in the team, have become part of the routine activities. This process requires the mental health consulting team be very patient and tolerant of the team's difficulty in making changes, to speak a new "language," to become professionals and not just caretakers. In my experience, this is a hard mountain to climb…but the scene you may see when you're only half way to the top is already worthy: it is a better world for those infants who are at the utmost risk of developing long lasting psychopathology.

President's Perspective

By Antoine Guedeney

Leipzig: What a treat! The 12 th WAIMH World Congress in Leipzig Halle, June 29-July 3, was a great success and a very exciting time indeed, thanks to a wonderful Local Organizing Committee, headed by Kai von Klitzling, and a great Program Commmitte, headed by Neil Boris. We were helped by fair weather and an exciting World Cup Soccer ambiance. Leipzig is a special city, with an incredible "Mittle Europa gemütlich" German ambiance that conveys the feeling of being at the junction of the Eastern and Western cultures. It is also the cradle of scientific psychology and of the 18th and 19th century philosophy and science.

More than 1300 people attended the Congress, with many newcomers to WAIMH. The program was crammed with good presentations and it was indeed difficult to make choices! People met, caught up with one another, and made unique exchanges, as was the case for Charley Zeanah and teams from all over the world, such as the Hungarian Loczy team who have been working since WW II with institutionalized infants (see this issue). A WAIMH World Congress is definitely the place for such "cross fertilizations." Quite often, people from the same country meet in at a conference and discover they could share some experience or techniques or even work together when they are back home!

The WAIMH Executive Committee met for two days prior to the Congress. Executive Committee members worked hard in preparation for the next WAIMH Congress in Capetown, securing a core professional organizing committee for future congresses, reflecting on ways to plan for a training institute which could profit from the huge expertise of WAIMH members and affiliates.

The Affiliates elected their representatives to the WAIMH Board during a meeting at the Congress. It took several rounds, as candidates were very close, which is good news for WAIMH. People value membership and are willing to serve! Martin Saint André, from Montreal, Quebec, is the newly elected Affiliate Chair, and Mary Folee from New Zealand, is the newly elected Associate Affiliate representative. As we have promised in our new by-laws, both will attend WAIMH Board meetings and bring the Affiliates' points of view. The election process itself was impressive; both candidates received many votes. Not less impressive is how quickly and enthusiastically they have started to work, as you can see in the Affiliate Corner of this issue

After this summer break, back to business. Our next task is to launch an Affiliates' survey about members' needs and fields of expertise, with the aim of building WAIMH Training Institutes in order to make use of our shared expertise across the world and also to make WAIMH financially stable.

The survey will be prepared by the WAIMH office. I have asked Marit Bergum Hansen and Vibeke Moe to write a report on the existing trainings in infant mental health throughout the world, in terms of tools, techniques, settings, and so on, that could make the basis for WAIMH pre- congress institutes or even courses in between the congresses for those Affiliates interested in local training. This survey will be sent to the Affiliates' presidents and published in the Signal.

The CEDJ presented in this issue is a good step in that process. It is the best data base available on evidence based literature on infancy. It is free and exits in three different languages (soon in German, too). Richard Tremblay has been the initiator and WAIMH is happy to help spreading its use by infant mental health professionals.

I wish you a nice autumn for those who have been through summertime and a nice spring for those who have just gone through wintertime!

The Centre of Excellence for Early Childhood Development and the Encyclopedia on Early Childhood

The Centre of Excellence for Early Childhood Development (CEECD) is a network of stakeholders (researchers, national and international organisations, foundations, NGOs) who share the same vision on the importance of the early years and the necessity to provide high quality of services to young children and their families, from conception to school entry. The CEECD mandate is to disseminate the best scientific knowledge on Early Childhood Development to those who need it most (practitioners, policy makers, service planners, parents).

Since its creation in 2001, in Canada at the Montreal University, the Centre of Excellence has developed reliable and credible sources of information, and has built a strong network all around the world; CEECD is renowned as:

The developer of the Encyclopedia on Early Childhood Development, a unique, accessible and free online resource that compiles the world's best scientific knowledge on early childhood development and interventions. The Encyclopedia is available at www.child-encyclopedia.com, in French at www.enfant-encyclopedie.com, in Spanish at www.enciclopedia-infantes.com and in Portuguese at www.enciclopedia-crianca.com

The Encyclopedia reaches every year more than 250,000 visitors, from more than 125 different countries.

A team with a strong expertise on Knowledge exchange, with a rigorous process to identify best available knowledge and to regularly update its products

A network of international experts who participate in knowledge mobilisation activities and who generate capacity building on knowledge transfer and program evaluation

A credible, neutral organisation, supporting linkages between research activities and program delivery

The Encyclopedia on Early Childhood Development was mostly developed for policy-makers, planners and service-providers and for parents. This compilation of papers from leading experts covers 40 topics related to the social and emotional development of young children, from conception to age five, and addresses three perspectives: development, services and policies.

Additionally, a simplified synthesis on each topic presents key knowledge to practitioners and planners. The synthesis answers three main inquiries: What is the importance of the topic, what is the best and most up-to-date knowledge on the topic, and what can be done to improve services, policies and research.

The Encyclopedia includes key messages on each topic geared to parents and service providers.

This free on line Encyclopedia, is a unique scientific tool of knowledge on Early Childhood Development around the world.

Centre of Excellence for Early Childhood Development

From the Kauppi Campus -News from WAIMH Office

By Pälvi Kaukonen, Kaija Puura, Minna Sorsa and Leena Kiuru

Autumn has arrived in Finland with trees blazing with red and yellow leaves, cold wind blowing and hours of daylight diminishing. During this darker season we can still remember the days in sunny Leipzig and the excellent congress, as Ms Elvira Dieringer from Interplan kindly sent WAIMH Central Office some statistical information on the participants.

Altogether 1323 infant mental health specialists/workers from 49 different countries participated in the successful Leipzig Congress. The winner in the number of delegates was Germany with 363 delegates, then USA (107), Australia (87), the Netherlands (65), Switzerland (63) and, in a dead heat, France and Finland (57). Japan, United Kingdom and Portugal crossed the line of 50 delegates, too. We were also happy to see new countries sending one infant mental health pioneer to represent their country in the congress, like Albania, Croatia, Czech Republic, Greece, Iran, Moldova and United Arab Emirates.

WAIMH Central Office wants to thank:

Every participant of the Leipzig Congress for creating enthusiastic and wonderful atmosphere of the Congress

Submitters of the Congress for patience with the new abstract submission system

Leipzig Local Organizing Committee for fantastic work

Interplan for good cooperation

Local Organizing Committee members from Cape Town and Edinburgh for planning the future WAIMH congresses

Affiliate Presidents for electing their representatives and starting the work with involving the Affiliates in the work of WAIMH

WAIMH Board for effective Board Meeting

In the membership meeting in the Leipzig Congress the President of WAIMH Antoine Guedeney and the Central Office gave the members an overview of what had been accomplished between 2008 and 2010. With great help of the Michigan team, WAIMH Central Office has successfully completed the transfer of the office from Michigan State University to the University of Tampere. The transfer also meant developing the WAIMH web pages in cooperation with the Internet4associations. This was a big task for the Office, as new congress organizing functions, like abstract submission pages, had to be developed almost at the same time as they were needed in organising the Congress. In addition

to these the tasks of the Central Office has involved developing the new website, providing membership services, preparing and distributing the Signal, organising the electronic election of three new Board members, organising the Affiliate President meeting and Affiliate Council meeting, management of finances of the WAIMH, supporting the work of the Board of Directors. Just to give you an idea of the amount of interaction between the members and the Office staff, the members of the Office have responded to roughly 5000 email messages.

A lot of development work is still waiting for to be started and done. Now the affiliate pages are waiting for their turn. We have to keep in mind that the Administrative Assistant works only 60 % of her working hours for WAIMH, and the Executive Director Pälvi Kaukonen and Associate Executive Director Kaija Puura work for WAIMH over and above the daily work at the department of Child Psychiatry at the Tampere University Hospital. This fall Ms Minna Sorsa is on research leave for three months and we are happy to have Leena Kiuru to substitute her in WAIMH Central Office.

Currently the next world congress in Cape Town, South Africa, in 2012 is already under intensive preparation by the Cape Town Local Organizing Committee, Program Committee and the WAIMH Central Office.

You are now reading the Signal for the first time ever in a new layout, which was designed by Adena Huda in Michigan State University. This was a successful example of the WAIMH Office transfer tasks. Our thanks to Adena and Tina Houghton.

Finally, we want to remind you about RENEWING YOUR MEMBERSHIP FOR 2011.Please go online to www.waimh.org.

Enjoy your autumn or spring – whichever season one is coming up on your side of our globe!

The photos from Leipzig and WAIMH 12th World Congress in Leipzig by Minna Sorsa /WAIMH Office.

WAIMH comes to Africa

In 2012 the International Congress of the World Association for Infant Mental Health will, for the first time, be held on the African Continent.

Cape Town, the chosen host, has a well established history of involvement with Infant Mental Health. It is also fittingly known as "the Mother City"! Previous conferences on related fields held in Cape Town attracted much attention and were instrumental in establishing infant mental health as an important multi-disciplinary field in South Africa. The Western Cape Association for Infant Mental Health, established in 1995, has since become an active multi-disciplinary body with monthly meetings, as well as providing a forum for visiting colleagues to present their work.

Whilst most infants live in developing countries they are underrepresented in scientific studies. As a result, the evidence base for clinical interventions comes from the wealthier parts of the world - interventions which are not necessarily applicable or practical in lower and middle income countries. This first international conference on infant mental health in Africa provides the ideal platform from which to redress this imbalance. In addition, the creative and innovative interventions that arise out of circumstance and necessity offer fascinating insights into what can be achieved with relatively few resources. It is befitting that Africa hosts the World Association of Infant Mental Health, which has made it its goal to be truly multi-national and culturally diverse.

South Africa, and in particular Cape Town, offers a unique context for this event to take place: the infra-structure of the city is sophisticated; the International Convention Centre is an ideal venue, safe and conveniently situated near hotels and tourist attractions. Besides these advantages, there is the wider perspective that South Africa brings: it has emerged from politically dark, repressive times into a vibrant nation where debate is open and vigorous and where many cultures and languages co-exist in tolerance and acceptance. Its people are warm and hospitable and are willing to share their view points and experiences. Attending this Conference will offer an opportunity for exchange and learning for all.

The Local Organizing Committee

Cape Town, South Africa

October 2010

13th World Congress
of the World Association for Infant Mental Health
Babies in Mind – the Minds of Babies: A View from Africa
Cape Town, South Africa
Cape Town International Convention Centre 17 - 21 April 2012
WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

The photos by Local Organising Committee / WAIMH 13th World Congress.