



WHAT
ABOUT THE
BABY?

KEY MESSAGES

THE BABY CAN'T WAIT. The developmental opportunities in the first year of life cannot be postponed.

All babies are different and respond in different ways to the care they receive.

There are all sorts of ways in which we seek to support later development and repair damage, but those first months are absolutely critical.

It is everyone's responsibility to observe the baby.

EMPIRICAL
EVIDENCE



Child Development Research



Neuroscience and brain
development



Infant Observation

In spite of all this scientific work which has shown beyond reasonable doubt that the newborn baby begins to develop and learn from the moment of birth, there is still a tendency to want to believe that the baby can wait whilst the mother's mental health needs are addressed. The assumption is that so long as the baby is fed, kept warm and clean, and protected from harm, all will be well.

“Babies are resilient. Don’t worry about him. He wouldn’t even be aware of what was going on”

“The baby was fine. Slept like a log throughout. Not a peep out of him.”

“I can’t possibly be responsible for the baby as well as the mother.”

It is also often thought to be the case that if a mother's mental health improves, the baby will automatically and immediately benefit.

An improvement in a mother's mental health is an opportunity for an improvement in the capacity to parent...it is not automatic.

D.W. WINNICOTT. PAEDIATRICIAN AND PSYCHOANALYST

“There is no such thing as a baby. If you set out to describe a baby , you will find you are describing a baby and somebody.”

Winnicott said this to stress that babies are dependent on adults and that primary relationships/s are central and crucial. It is often quoted.

He later clarified that babies are also individuals with their own identities, characteristics and potential.

They very quickly a “somebody” in the mind of the baby which will influence the way he/she sees the world. This is the beginnings of an internal world...a combination of external experience and individual predispositions.

The parental figure in the mind of the baby will influence the way he/she is able to make use of their opportunities...with a mother who is recovering or with other adults.

WHAT IS THE
EXPERIENCE OF
THE BABY WHEN
THE MOTHER HAS
MENTAL HEALTH
DIFFICULTIES?

Flat, unemotional responses.

Unpredictable behaviour. Sudden changes.

Emotional declarations of unconditional love...accompanied by negative projections.

Neglect...set against over-intrusive interaction.

Attributing intent to the baby. (“Why are you behaving like this?” “You just do it to annoy me.”)

Angry, resentful outbursts.

Most of this is UNCONSCIOUS.

The conscious wish of almost all parents is to give their child a good start in life. Most mothers in adverse circumstances or who have mental health difficulties want to give them a better life than they had. They want to get better because the baby needs them, but this also creates pressure and unrealistic aims.

HOW DO BABIES REACT?

- Withdraw
- Freeze
- Avoid eye contact
- Cry all the time
- Sleep too much
- Sleep too little
- Refuse food or always hungry
- Restless...constantly moving
- Learn ways of interacting which are exciting...pinching, biting,, manic giggling.

DEPENDENCY

For many mothers with mental health difficulties, the baby's dependency is the very thing they cannot bear. They experience the crying baby as deliberately attacking them and their parenting capacities. They feel "sucked dry" by the relentless neediness of their child and can look at them with resentful hatred. The baby soon learns to turn away from this projection to protect himself, and a negative cycle is set up in which the mother receives no positive feedback and this simply confirms her version of things.

If the mother cannot provide "live company" (Anne Alvarez 1992) there is a dual challenge for other family members and/or professionals.

- To support the interaction between mother and baby in as many ways as possible.
- To identify another source of lively experience for the baby whether it be family member, friend, foster carer, other professional or family support volunteer. Somebody needs to be putting energy into communicating with the baby in a lively, friendly and playful way. Babies need to know that they can have an impact on their world...that somebody will receive their communications.



“JAMES” IN HIS
ORPHANAGE
COT



JAMES AFTER 30
MINUTES
“CONVERSATION.”