Texas Focus: Learning From Near to Far

Ways to Facilitate Bonding Between Parents and Baby

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Presented by  
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Ways to Facilitate Bonding
Between Parents and Baby

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IMPORTANCE OF BONDING / ATTACHMENT

- A baby’s first relationship provides a foundation for later relationships. It has a formative effect.
- Prototype of later love relations (Freud, 1940). Trust versus mistrust (Erickson, 1963)
- Attachment = development of an affectionate relationship between a child and a specific caregiver that endures over time and place (Ainseworkth, 1973)

NEWBORN PROTO-CONVERSATION

- Newborns can share an exchange of feelings.
- Immediately after birth, infants seek interpersonal engagement.
- Alternative utterances between infant/caregiver (Bateson, 1975)

STAGES OF ATTACHMENT BEHAVIORS

- **3 months**: share pleasure in rhythmic body games and songs
- **6 months**: adept at seeking eye contact
- **9 months**: respond selectively to evidence that others can have intentions and feelings ("shared meaning")
- **7-15 months**: acts as if there are minds other than their own (sense of subjective self)
AN ONGOING DIALOGUE WITH CAREGIVER

- Each stage of infant/caregiver relationship must be reorganized – it is the task of the caregiver to support the child to accomplish the new task of each stage.

- Caregiver role moves from “imitation-like behavior” to “affect attunement” (Stern, 1985).

SIGNS OF ATTACHMENT

- Eye-to-eye contact
- Direction of gaze
- Differentiated smiling
  - 2 months – automatic smile
  - 6 months – selective smile
  - Face is biologically over-determined as a stimulus for attention and smiling in the infant
- Other facial expressions
- Discrimination of mother and stranger
- Separation and reunion behaviors.
FRAIBERG (1975, P. 315)
“…the developmental course that lead to stable human partnerships in the course of the first 18 months is charted by us through affective signs and by a sequence of increasingly discriminating behaviors toward the partner which speak for preference and valuation.”

FRAIBERG 1975 STUDY
- 10 infants
- Blind from birth – total or with light perception (LP)
- No additional disabilities
- Concurrent education program (2X monthly observations – with video recording)

FRAIBERG 1975 STUDY
Smiling
- Familiar voice is the prime elicitor of the smile
- Selective smiling seen as early as one month
- Gross tactile stimulation = regularly elicits smile
- Preferential smile to mother/familiar voice – but still irregular
Caution to interpret smiling as a strong indicator of attachment. This time frame, however, works to set up the next stage, which does inform attachment behavior.

Response to Strangers
- 7 – 15 months: both sighted and blind infants repudiate strangers, resist their arms and ministrations, cry in protests, and is comforted by mother’s voice and embrace.
- “The blind baby has kept his appointment and meets the sighted baby at a certain time and a certain place on a developmental pathway, but he got there by a different route” (p. 320).
Tactile Language: Discrimination and Preference

- Early weeks = tactile-seeking that closely parallels sighted development (brief pursuit of mother’s hands that have been withdrawn from contact).

- When the mother of the blind child does not manifest through touch or voice, the baby is not “in contact.” The hands seek a “tactile encounter” – “are you there?” By five months = more intentionality.

- 5-8 months = face exploration by blind infant

Negative Reactions to Strangers

- **7-15 months**: sighted children use visual discrimination to determine a stranger

- **7-15 months**: first manifestations of stranger avoidance in 9 of the 10 blind children in the study (differentiated response was noted with smiling and touch before six months, but not a negative response). One child quieted/stilled to a stranger’s voice = an early signal.

- **By 18 months**: all but one gave evidence of stranger avoidance

Separation and Reunion

- **6-8 months**: sighted development, distress when mother leaves the room (though tied to object permanence)

- **10-21 months**: blind development, the first manifestations of separation protest and distress (“not in contact” – “maintaining contact” - sound is discontinuous – silence may not denote separation)

- Awareness of “mother not present” must occur (a) delay in answering the signal of need and (b) the mother is constituted as an object.

FRAIBERG (EARLIER IN 1971)

- Vision affords an anticipatory experiences associated with separation.

- One cannot substitute hearing for vision in seeking reassurance.
STUDY DESIGN (PREISLER, 1991)

- 10 mother-blind infant dyads (three later showed signs of vision by one year)
- Videotaped monthly – bimonthly
- Requested mothers to interact and play with their infants as they normally did – no guidance was given as to how to interact / play with the children. Though feedback was provided on the child’s development.
- Videos reviewed for: (a) infants’ expressions, (b) mothers’ expressions, and (c) infants; exploration of toys and other objects.
- Coded how mothers and infants responded to each other – then tied to a checklist of communicative behavior.
- High interjudgment agreement (overall .91)

STUDY RESULTS (PREISLER, 1991)

Infants 3-6 months (n = 4)

- Reacted with increased limb activity
- Made lip and tongue movements to mother’s speech
- Vocalized to mother’s speech
- Participated in songs and body-touching games. Anticipated the next part of the games by opening their mouths or raising an arm. Smiling and laughing were evident.
- One child showed perfect hand movement synchrony to her mother’s song.
- Infant’s vocalizations were so soft, may have been perceived as a nonresponse by caregiver.
- External world did not evoke curiosity as evidenced by lack of interact in playthings.
STUDY RESULTS (PREISLER, 1991)

Mothers of Infants 3 – 6 months:

- When the interactions started, the mothers primarily used their voices and tactile communication means.
- Two mothers were very responsive to their children’s facial expressions and body movements – interpreted them as turns in dialogue-like exchanges.
- One mother was very shy being videotaped – her interactions increased when the camera was off.
- At this stage, the interaction between parents and babies creates an emotional bond.

STUDY RESULTS (PREISLER, 1991)

- In the early stages, the caregiver imitates the infant’s facial expressions or sounds with exaggerated facial expressions and sounds.
- In the study, the caregivers interpreted their blind infant’s facial expressions, vocalizations or motor activities verbally or vocally. They commented on their child’s emotional state. In the one instance where the caregiver made no comments on affect or elaboration, the child often began to cry.
STUDY RESULTS (PREISLER, 1991)

Infants 7-9 months (n = 8)

- Started to show their own will by means of repeated body movements.
- Vocalization and question-like intonations could be observed.
- Responded with smiles and some body movement / vocalizations to their mother’s initiated contact.
- Turn-taking pattern evident in proto-conversations.
- Showed a variety of facial expressions that were interpreted as contributions of the dialogue.
- Two infants followed simple directions.
- At nine months, used gestures such as lifting arms to be picked up. Two children “checked back” with their mothers’ reactions. One turned her body toward her mother while exploring toys, as if she wanted to share her interest with her mother. Three infants initiated different body games with their mothers, by making the movements or parts of the movements involved in the play.

STUDY RESULTS (PREISLER, 1991)

Mothers of Infants 7 – 9 months:

- Initiated contact verbally, vocally, or physically.
- Two used toys to attract their child’s attention. All, except one, initiated body-touching games, plays, or sounds.
- Explained what was happening and preparing for what would happen next. One mother focused more on the child’s motor development as opposed to the opportunity for interaction in one recorded instance.
- Began using a more directive verbal style (asking “what” questions).
- All made comments about their child’s actions and reactions. By nine months – more games such as peek.
STUDY RESULTS (PREISLER, 1991)

Infants – 10-12 months (n = 10)

- Showed intentions by vocalization and repeated body movements. All took part in proto-conversations by means of vocalization. Four used body gestures (certain actions).
- Vocalized more with toy interaction, but not yet sharing experiences with their mothers.
- Even though the children made signs to show that they registered sounds or events in their surroundings, their behavior was not automatically interpreted as an attention marker by their mothers.

STUDY RESULTS (PREISLER, 1991)

Mothers of Infants 10-12 months

- Contact primarily verbal and often in combo with physical contact.
- Started to use affect-attunement behaviors such as vocalizations in response to the child’s body movements.
- Comments on future events – prep for next action/ Commented on sounds or events in surrounding areas.
- More directly verbal style
STUDY SUMMARY (PREISLER, 1991)

- Mothers used same strategies as evident with parents of 3-6 month old sighted children. Infants responded with smiles and cooing. Response to speech by articulate-like lip movements and speech imitation AND coordinated hand movements does not appear to be tied to vision.

- Concentration was on establishing an emotional bond. Pleasurable interactions = forming a positive and trusting relationship.

- **During 7-9 months**, the infants started to show more curiosity and interest.

- Deictic gaze was not an option for parents to use as a means to indicate the child’s interests or changing interests. Many mothers were responsive to the child’s object exploration with their mouths / hands.

- **By nine months**, infants showed a growing awareness that experiences can be shared (movements indicating intentions to act). Could share selves, but not yet cooperate in communicate about objects in the world.

- **By one year**, still difficulties showing secondary intersubjectivity (could not point or visually reference). Did attend to sounds by freezing or slight leaning movements toward the sound - these could have established mutual reference, but are difficult to notice and read. Often read as impassivity or lack of interest, rather than concentration and activity.

- Increased vocalizations when interacting with objects than with interacting with their mothers. ? If they wanted to share their experiences with objects with someone.

- Give and take games were not as reinforcing.

- Those infants who went onto demonstrate some useable vision demonstrated improved opportunities to take part in interpersonal communication and to share meaning.
WHAT HAVE WE LEARNED?

Blind babies have what it takes to hold their end of the attachment dialogue.

Many parents intuitively engage their babies who are blind in an attachment dialogues.

Parent may well benefit from guidance that addresses the following types of strategies:

**Bonding Suggestions**

- Body / movement interaction is a powerful attachment beginning. (Van Dijk’s resonance phenomena)
- Early talking / songs – tied to body touch build anticipation and participation.
- Tactile interaction is often a good way to elicit a parent/child response.
- A quiet face or body may be a listening child who is waiting for the next steps.
- Watching the child’s hands will inform whether a child is asking “where are you” or “I am here.”
- Body orienting to sound may be a way to establish joint attention.
- Paying close attention to soft vocalization and other subtle cues of attending.
- Link toy interactions to another person.
- Cue caregivers as to the importance of commenting on their child’s comments of nearby sounds etc – paying attention and responding to increased vocalizations.
RIE (Resources for Infant Educators)

- Respective touch = I am valuable
- Enlisting the infant’s cooperation using nonverbal cues and waiting for a response
- Speaking quietly about what is happening.
- Waiting for the infant to finish with an experience – then moving to the next event.
- Seeing relationship as more important than task.
- Treat infant as active participant rather than a passive recipient.
- Follow and share the infant’s focus of attention when it wavers from the task at hand and generally lead him back to the task.
- Allow the infant freedom to choose his own bodily positions during care.
- Overall, slow down and use the task to invest in the relationship.
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Figure 1 TSBVI Outreach Programs logo

Figure 2 OSEP logo

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