Profectum
ADVANCING DEVELOPMENT FOR INDIVIDUALS AND FAMILIES WITH SPECIAL NEEDS

עמותה לילדים בסיכון

DIR ישראל

המפגש בין מודל ה־DIR ומודלים פסיכודינמיים
התאמה, עקרונות ודרכי יישום

The Intersection of DIR and Psychoanalytic Principles and Practice; Finding Convergence

בהשתתפות

ד"ר **גילברט פולי**, פסיכולוג קליני

וגב' **טל בז**, מרפאה בעיסוק

22-20 בדצמבר 2016

"ישראל יפה בפארק" מרכז כנסים בפארק הירקון בתל אביב

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לכל באי ימי העיון שלום רב,

אנו מודים לכם על שבחרתם להצטרף אלינו לשלושה ימים אלה בהם נתבונן יחדיו במפגש שבין מודל ה־DIR ומודלים פסיכודינמיים. נצפה במפגש זה דרך הזווית הייחודית של ד"ר גיל פולי והגב' טל בז, דרך חיבור של תיאוריה ומעשה. נצפה בתיאורי מקרה שהם הכינו עבורנו ונחשוב יחדיו על המודלים השונים הקיימים בטיפול דינמי, על מודל ה־DIR, על התפקיד שלנו כמטפלים, על קשר, על הגוף, על התפתחות רגשית, על למידה, ועל האינטגרציה של כל אלה גם יחד.

אני סבורה כי הימים הקרובים, אשר מתקיימים רגע לפני חג האור, ישפכו אור נוסף על החשיבה והעשייה הטיפולית של כולנו עם הורים וילדים.

בתום היומיים הראשונים שיועברו על ידי גיל פולי וטל בז, ביום חמישי, יתקיים היום הקליני. מטרתו של יום זה, דרך תיאורי מקרה שיוצגו על ידי הפסיכולוגיות המובילות את ה־DIR בארץ, לקיים דיון קליני וחשיבה משותפת, עם המרצים ועם פסיכולוגיות נוספות מובילות בתחומן בארץ ולהעמיק עוד קצת בעשייה הטיפולית.

אני מקווה מאוד שתיהנו במהלך הימים הקרובים וכי הם יהיו בעלי משמעות עבורכם כמו גם עבורנו.

יעל ברוק ביניא

מנהלת ארגון DIR ישראל

מודל ה־DIR אשר **פותח על ידי ד"ר שרינה וידר וד"ר סטנלי גרינשפן ז"ל,** הינו מודל להערכה וטיפול בילדים עם צרכים מיוחדים ובמשפחותיהם.

התבוננות דרך משקפת מודל ה־DIR, מכילה בתוכה את מרכיבי יכולותיו התפקודיות והרגשיות של ילד, מיקומו בסולם ההתפתחותי, אפיוניו הפיזיולוגיים ודרכו הייחודית לעבד מידע. התבוננות זו דורשת הבנה של האופן בו מרכיבים אלו משפיעים ומושפעים זה מזה, ומהווה את אבן היסוד המשמעותית במודל ה־DIR.

במרכז החשיבה והעשייה הטיפולית על פי המודל נמצאת התפיסה כי האינטראקציה בין הילד, משפחתו ומטפליו, היא המצע המאפשר ומניע את ההתפתחות על כל מרכיביה.

יותר ויותר מחקרים עדכניים מעידים על מרכיבי הקשר, המשחקיות, ההתאמה, הסנכרון וההתכווננות אל מאפייניו הייחודיים של כל ילד, כמרכיבים מרכזיים בדרך אל מימוש הפוטנציאל הטמון בו.

כל אלו יוצרים רקמה עדינה של חיבורים עבור הילד ומשפחתו, רקמה המהווה חיבור בין מרכיבי התפקוד וההתפתחות, היכולת לעיבוד מידע, היכולת להיות בקשר, ליזום ולהתבטא.

אנשי הטיפול והחינוך מן המקצועות השונים חוברים אל הילד ומשפחתו לטוויית רקמה עדינה זו. העבודה בצוותים רב־מקצועיים תחת המודל, מקדמת את המטפלים והמשפחות לחשיבה משותפת, מעמיקה וחדשנית, המופרית וניזונה מהקשר ביניהם ומהקשר עם ההורים.

ארגון DIR ישראל הוא ארגון התנדבותי שהוקם על ידי מטפלים העובדים על פי המודל במטרה לבסס ולקדם את לימוד המודל והטמעתו עבור משפחות ואנשי טיפול וחינוך ברחבי הארץ. הארגון פועל כארגון עצמאי התנדבותי כחלק מהעמותה לילדים בסיכון.

סדר יום

יום שלישי | 20.12

09:00-08:00	התכנסות ורישום
10:30-09:00	The intersection of DIR and Psychodynamic Principles: Points of Convergence Gilbert M. Foley, Ed.D., IMH-E(IV-C) & Tal Baz, MS, OTR/L
11:00-10:30	הפסקה
13:00-11:00	A corrective relational experience: A case presentation Tal Baz MS OTR/L & Gilbert M. Foley Ed.D., IMH-E(IV-C)
14:00-13:00	הפסקת צהרים
15:30-14:00	Becoming an "I": A case presentation Tal Baz MS OTR/L & Gilbert M. Foley Ed.D.
16:00-15:30	שאלות ותשובות

יום רביעי | 21.12

09:00-08:00	התכנסות ורישום
10:30-09:00	Attachment-Separation (Self)-Individuation: Themes, Vulnerabilities, Interventions Gilbert M. Foley, Ed.D., IMH-E(IV-C)
11:00-10:30	הפסקה
13:00-11:00	Separated but not Individuated: A case presentation Gilbert M. Foley, Ed.D., IMH-E(IV-C) & Tal Baz, MS, OTR/L
14:00-13:00	הפסקת צהרים
15:30-14:00	Conceptualizing Stress in relation to Anxiety, Situating it as a main feature of the Individual Profile, and Exploring Relational Pathways for mitigating it Tal Baz MS OTR/L & Gilbert M. Foley Ed.D., IMH-E(IV-C)
16:00-15:30	שאלות ותשובות

ההרצאות

יום שלישי

20.12.16

✦ בוקר ✦

מבוא: מודל ה־DIR ותיאוריות פסיכודינמיות – נקודות ההשקה שבין התיאוריות

גילברט פולי ,Ed.D **טל בז** MS, OTR/L

דיון תיאורטי ותיאור מקרה

מודל ה־DIR לעבודה עם ילדים בעלי צרכים מיוחדים בכלל, וילדים על הספקטרום האוטיסטי בפרט, צמח מתוך הידע והפרקטיקה אשר החלו את דרכם בחשיבה הפסיכודינמית.

הדיון יעסוק תחילה בתיאוריות הפסיכואנליטיות אשר קדמו למודל ה־DIR ואשר השפיעו על התהוותו; יוסברו מרכיבי מודל ה־DIR בהתייחס לתיאוריות הללו: יכולות רגשיות פונקציונליות, הבדלים אינדיבידואליים ועקרונות המתקיימים בבסיסם של יחסים. בהמשך ייבחנו נקודות המפגש שבין מודל ה־DIR וגישות פסיכודינמיות, יזוהו ויובהרו מבני ליבה משותפים בין השניים – הן ברמה הקונספטואלית והן ברמה הקלינית וייבחנו גם המקומות בהם ישנו פיצול בין הגישות, בעיקר בנוגע לשימוש באינטרפטציות. לצורך הבנה זו, יודגשו המושגים של פרנסיס טסטין בהתייחס למודל ה־DIR.

בתום הדיון התיאורטי שילווה במצגת, יוצג תיאור מקרה אשר יסייע בהבנת הדברים. תיאור המקרה יעקוב אחר התפתחותה של פעוטה עם חשש ל־ASD והקשר המתקיים בינה לבין אמה לאור אתגרים התפתחותיים איתם היא מתמודדת.

✦ צהרים ✦

מניעה במערכת יחסים: תיאור מקרה של פעוט המטופל באמצעות מודל ה־DIR

טל בז ,MS, OTR/L **גילברט פולי** Ed.D

תיאור המקרה המולטי דיסיפלינרי אשר יוצג בתום מפגש הבוקר, ישמש אותנו לצורך מעבר מן התאוריה אל המעשה.

התיאור יוצג בשיתוף על ידי מרפאה בעיסוק ופסיכולוג. הוא ידגים את הרלוונטיות של חשיבה פסיכודינמית להעשרת התערבויות התפתחויות מבוססות יחסים. המציגים יזהו מבני ליבה ואסטרטגיות פסיכודינמיים המתואמים היטב עם עקרונות ואסטרטגיות של עיבוד סנסורי. ידע זה רלוונטי למטפלים בדיסציפלינות השונות, בבואם לסייע לילדים עם ASD והפרעות התפתחותיות אחרות.

פירוט וניתוח של המקרה יגדירו את "מה שעשינו" ואת הביסוס הקליני לחשיבה. המצגת תלווה בקטעי וידאו שידגימו תהליך של טיפול ויפיחו חיים בחומר הקונספטואלי. נעודד השתתפות ודיון פעיל של הקהל.

יום רביעי
21.12.16

✦ בוקר ✦

נפרד אך לא נבדל: נקודת מבט של בריאות הנפש בהתפתחות על־פי מודל ה־DIR

גילברט פולי Ed.D, **טל בז** MS, OTR/L

ההרצאות של הבוקר יתמקדו במודל נאו־מאהלריאני – תיאוריית ההתפתחות של התקשרות – נפרדות – אינדיבידואציה (Attachment-Separation-Individuation), אשר ישמש בסיס להצגת המקרה בהמשך היום.

בהרצאה זו נבחן גם את תפקידו ההיפותטי של לחץ כרוני בהיווצרות הסימפטומים והביטויים של ASD.

נדון באפשרות כי ה־ASD עצמו מעורר סדרה של גורמי סטרס, כולל שינויים בתגובה הורית, התמודדויות עם בני הגיל, בידוד חברתי וכדומה, אשר תורמים פוטנציאלית להיסטוריה הטבעית של ההפרעה.

נבחן את גורמי הסטרס הללו ונעלה את האפשרות שלמרות ש־ASD איננו פסיכו־גנטי, ישנה פסיכולוגיה של אוטיזם.

בהמשך הבוקר, נביא הצגת מקרה ארוך טווח, הסובב סביב ילד המאובחן עם ASD, ותהליך הטיפול בו מגיל 3 ועד גיל 8 (בהווה).

נתאר את הפרופיל הסנסו־אפקטיבי הייחודי של הילד ואת שלבי ההתפתחות המורכבים והלא יציבים שלו, המושפעים ממאפיינים של חרדה. בעוד הוא מראה התפתחות לקראת אספקטים משוכללים יותר וברורים יותר של העצמי, הסבילות שלו להתמודדויות עם תמורות של נפרדות, נותרת עבורו, באופן פרדוקסלי, אתגר מהותי. אנו נתחקר את הדרכים שבהן מסלולי התפתחות של היפרדות (ספרציה) – אינדיבידואציה, ושל תחושה־אפקט, משפיעים ויוצרים אינטראקציה הדדית, וכיצד המשפחה כמערכת דינאמית, תומכת ומאפשרת את צמיחתו של הילד.

✦ צהרים ✦

בהמשך לנושאים שיועלו בתחילת הבוקר, בשלב זה של היום השני יוצגו מקרים ויערך דיון, במטרה לעצב פרספקטיבה חוצה תאוריות ודיסציפלינות. הדיון ייפתח לקהל להמשך ניתוח, עיצוב, דיון ופולמוס.

יום חמישי

22.12.16

יום קליני

היום הקליני מהווה הזדמנות להעמיק ברציונל הטיפול הפסיכולוגי על פי מודל ה־DIR הן עבור אנשי טיפול המצויים בתהליך ההכשרה של מודל ה־DIR והן עבור אנשי בריאות הנפש.

יום זה תוכנן כך שיאפשר עוד חיבור בין התאוריה לטיפול עצמו. ביום זה יוצגו שלושה תיאורי מקרה של ילדים המטופלים על ידי הפסיכולוגיות המובילות את החשיבה והעשייה ה־DIR׳ית בארץ. במהלך שלושת תאורי המקרה תורחב העדשה, נדגים כיצד נקודות הממשק בין המושגים שתוארו בימי העיון, באים לידי ביטוי ביצירת רקמת היחסים בכל המעגלים הסובבים את הילד – בין ילד והורה, ילד ומשפחה וילד וקהילה, בתפקודים שונים.

תאורי המקרה ילוו בדיון המהווה הזדמנות ייחודית למפגש מקצועי עשיר ולחשיבה מעמיקה בהשתתפות **ד"ר גיל פולי וטל בז** יחד עם הפסיכולוגיות מארגון DIR ישראל – **ד"ר עליזה ויג, ד"ר יאנה פלג והגב׳ אילת הס**. ייצטרפו לדיון על המקרים פרופ׳ **יהודית הראל**, ד"ר **נורית פלזנטל-ברגר** והגב׳ **רחל פפר-הדני** פסיכולוגיות מובילות אשר יוסיפו נקודות מבט ויסייעו לנו להעמיק את הדיון על המקרים שיוצגו.

סדר יום:

09:15-09:00	פתיחת היום
10:45-09:15	מקרה I
11:15-10:45	הפסקה
11:15-12:45	מקרה II
13:30-12:45	הפסקת צהרים
15:00-13:30	מקרה III
16:00-15:00	פאנל מסכם

✦ מקרה I ✦

בניית ה"אני" הפיזי והרגשי במרחב הבין אישי

ד"ר עליזה ויג

תאור מקרה זה מציג את סיפורו של ילד עם קשיים מורכבים (לקויות תקשורתיות, CP, ו־FTT) ואת המערך הטיפולי האינטר והאינטרה-דיסציפלינארי (DIR). במהלך המקרה נעקוב אחר התהליך הטיפולי בו ונירא כיצד רסיסים של חוויות ודפוסים רנדומלים הופכים לדפוסים מאורגנים המגבשים את חווית העצמי. כיצד אפקט וכיווניות מתחברים לכדי פעולה בחיי היומיום.

במהלך תיאור המקרה יודגשו הנקודות הבאות:

- **יחסי הורה-ילד** – נראה כיצד הפעוט משתמש במצב הפיזי והרגשי של ההורה על מנת לארגן את עולמו החיצוני והפנימי.
- **יחסי מטפל דיאדה** – נתרשם כיצד בתהליך מקביל ההורה משתמש במטפל על מנת "לארגן ולווסת" את החוויה הרגשית שלו בתוך הדיאדה.
- **השפעת הפרופיל האינדיבידואלי במרחב הבין־אישי** - כיצד התפתחות העצמי הרגשי מתרחשת במרחב הלוקח בחשבון את הפרופיל האינדווידואלי של הילד.
- **הדיאלוג בין הטיפול האינטר והאינטרה-דיסציפלינארי** – שימוש המטפל בגופי ידע שונים בצורה אינטגרטיבית תוך שמירה על המוקד הטיפולי דיסציפלינארי ממנו הוא מגיע.

✦ **ד"ר עליזה ויג**, פסיכולוגית קלינית מומחית, ממקימי אירגון ה־DIR הישראלי. נותנת שרותי ייעוץ, והכשרות בתחום האוטיזם, התפתחות הילד ומודל ה־DIR. הקימה ומנהלת את "מכון סימני קשר".

✦ מקרה II ✦

מעגלי הקשר בין "אני" ל"אתה" ל"אנחנו"

ד"ר יאנה פלג

תאור מקרה זה יפרוס את סיפורה של משפחה מאמצת ויתמקד ספציפית ביחסים שבין הילד המתואר בתיאור המקרה לבין אמו המאמצת. במהלך תיאור המקרה, נבחן את טיב היחסים של הילד עם דמויות ההתקשרות שלו לאורך ציר הזמן ואת השפעתם של אלה, על התפתחות העצמי, תפיסת העולם ויכולת הוויסות שלו. נבחן את השפעת הפרופילים האינדיבידואליים של הילד ושל אמו על בניית מארג היחסים בינהם ואת אתגר השילוב בין הפרופילים השונים שלהם בטיפול. כמו כן נתרשם מעוגנים שאפשרו לקדם את הביטחון בקשר בין הילד ואימו, ליצור רגעי מפגש מהנים, ולהרחיב את הרצפים התקשורתיים, תוך חיפוש אחר הסנכרון בין השניים. נתבונן בתהליך שבו מתוך הקשר, כל אחד פיתח את עצמו במרחב הדיאדי וגם תרם לחיזוקו של השני.

✦ **ד"ר יאנה פלג** – הוכשרה בפסיכולוגיה קלינית בקליפורניה, ארה"ב. מטפלת ומדריכה DIR. נותנת שרותי טיפול, ייעוץ והדרכה בקליניקה פרטית ובגני תקשורת סולם בית שמש.

✦ מקרה III ✦

מחסומים ומעברים במרחב משותף

אילת הס

תאור מקרה זה, עוסק במפגש טיפולי ארוך טווח וניהול מקרה בתוך צוות רב־מקצועי ובסביבת טיפול מורכבת וקונפליקטואלית (המציאות הישראלית-ירושלמית). נעקוב אחרי המהלך ההתפתחותי והטיפולי לאורך כשנתיים. נתבונן במערכות היחסים השונות ובמעגלי ההתערבות השונים. ננסה לברר מהם המחסומים במציאות הפנימית ובמציאות החיצונית שמנעו בנייה של מערכות יחסים רגשיות הדדיות ותפקוד התפתחותי מותאם.

נעקוב אחרי הניסיונות לבניית מעברים וגשרים למרחב משותף, וננסה להבין מהן האסטרטגיות הטיפוליות שנבחרו על מנת לבסס מערכות יחסים מלאות והדדיות ותפקוד התפתחותי אינטגרטיבי. מתוך מבט רטרוספקטיבי ורפלקטיבי, נתבונן בתהליכים הרגשיים אצל כל אחד מהנוכחים והנעדרים מהאינטראקציה לאורך הקשר הטיפולי, תוך ניסיון לקשור בין התהליכים הרגשיים של שותפי האינטראקציה לתפקוד התקשורתי התפתחותי של הילד.

✦ **אילת הס** – פסיכולוגית התפתחותית מומחית ומדריכה. "צמיחה" – היחידה להתפתחות הילד, וריאטי ירושלים, גני תקשורת סולם ירושלים, קליניקה פרטית.

על המרצים

✦ ד"ר גילברט פולי ✦

פסיכולוג קליני, Ed.D, חבר סגל בכיר בארגון PROFECTUM ומוביל בשיתוף של קבוצת העבודה של בריאות הנפש בארגון זה. ד"ר פולי ממלא מספר תפקידים במוסדות אקדמיים בארה"ב ביניהם: מנהל קליני יועץ ב־The New York Center for Child Development (NYCCD) במנהטן, חבר סגל ב־College of Education and Human Services, מרכז לאוטיזם ובריאת הנפש לגיל הרך ב־Montclair State University שבניו גרסי ועוד.

ד"ר פולי התחיל את הקריירה שלו כפסיכולוג ב־Berks County Childcare ותכניות החינוך הגני של Berks County Intermediate Unit.

במשך שנות עבודתו כמדריך בכיר במחלקת ילדים שבבית הספר לרפואה ב־NYU School of Medicine-Bellevue Hospital Center היה ד"ר פולי ממובילי השיטה של הדרכה רפלקטיבית (reflective supervision). במהלך עבודתו כפסיכולוג בכיר במחלקת ילדים שבקולג' הרפואי ב־Pennsylvania, הוא התמחה בטיפול פסיכואנליטי וגם סיים התמחות ב־Yale Child Study Center, אצל Sally Provence M.D.

עבודתו הקלינית והאקדמית של ד"ר פולי התמקדה ברובה בתינוקות וילדים עם צרכים מיוחדים ומשפחותיהם. ד"ר פולי כתב מספר ספרים ומאמרים חשובים. ספרו האחרון שכתב עם Dr. Jane Hochman, עוסק בנושא בריאות הנפש בהתערבות טיפולית מוקדמת (Mental Health in Early Intervention). מודל האובדן והאבל (Loss-Grief Model) שפותח על ידי ד"ר פולי הפך לגישה המרכזית בתכנית ההורים של משרד החינוך של קולורדו.

ד"ר פולי מרצה ומייעץ ברחבי ארצות הברית ומחוצה לה (כולל דרום אפריקה, סין ופראג, שם ביקר לאחרונה). ד"ר פולי הוזמן להרצות בכנס הבינלאומי הראשון בסין בנושא חינוך לגיל הרך אשר ממומן על ידי UNICEF ואוניברסיטת Nanjing.

המפגש בין מודל ה־DIR ומודלים פסיכודינמיים
התאמה, עקרונות ודרכי יישום

The Intersection of DIR and Psychoanalytic Principles and Practice; Finding Convergence

עמותה לילדים בסיכון
Profectum
DIR ישראל

✦ טל בז ✦

M.S., OTR/L – מרפאה בעיסוק מוסמכת. מטפלת, מדריכה, מרצה ומייעצת. עובדת עם משפחות, עם מטפלים ועם מערכות חינוך מגוונות (גנים ובתי ספר) בתוך ארצות הברית ומחוצה לה.

בבעלותה קליניקה פרטית ב־Somerville MA, ארה"ב.

היא חברה בכירה בארגון PROFECTUM האמריקאי, ומלמדת בו קורסים במודל ה־DIR-Flootime.

תחומי העניין המרכזיים בעבודתה: הפרעות שונות בוויסות חושי-רגשי (sensory-affective regulation) בתוך מערכות יחסים שבין הורה וילד.

✦ ד"ר עליזה ויג ✦

פסיכולוגית קלינית מומחית בארץ ובארה"ב, וחברת צוות בארגון DIR ישראל. עשתה את התמחויות הפרה והפוסט-דוקטורט בעבודה עם תינוקות וילדים צעירים. לימדה פסיכותרפיה והתפתחות סטודנטים למאסטר ולדוקטורט בארה"ב. מטפלת משנת 1997 בילדים, נוער ומשפחות, ומתמחה בעיקר בטיפול בבעיות התפתחות על הספקטרום האוטיסטי עפ"י מודל ה DIR. בנתה תוכניות הכשרה לצוותים רב מקצועיים במגזר הציבורי והפרטי, כולל בעמותה לילדים בסיכון, סולם, וקופות חולים. ייסדה ומנהלת את מכון "סימני קשר" שמתמחה בהערכה וטיפול בילדים עם בעיות התפתחות ורגשיות שונות ובני משפחותיהם.

✦ יאנה פלג ✦

פסיכולוגית, חברת צוות בארגון DIR ישראל, הוכשרה בפסיכולוגיה קלינית ב־Palo Alto University שבקליפורניה, ארה"ב. היא התמחתה בטיפול בתינוקות וילדים צעירים וטיפול בילדים שעברו אירועים טראומטיים . במקביל ללימודי הפסיכולוגיה היא עברה תהליך הסמכה ב־DIR. ד"ר פלג ייסדה וניהלה קליניקה רב־תחומית - White Tulip בקליפורניה המתמחה בטיפול אינטגרטיבי בילדים, מבוגרים ומשפחות. היא בעלת נסיון רב באבחון וטיפול בילדים עם הפרעות התפתחותיות, רגשיות ותקשורתיות. בנוסף לעבודתה הקלינית ד"ר פלג מדריכה ומרצה בתחום ה־DIR, יועצת לגנים ומסייעת בבניית תכניות טיפול רב־תחומיות.

✦ אילת הס ✦

פסיכולוגית התפתחותית מומחית ומדריכה וחברת צוות בארגון DIR ישראל. מטפלת משנת 1995 במסגרות ציבוריות ובמסגרת פרטית. עובדת עם ילדים ובני משפחותיהם מגיל הינקות ועד לגילאי בית ספר יסודי.

מדריכה ומטפלת בתוכנית טיפולית רב־מקצועית, "פרויקט תקשורת" במרכז וראייטי ירושלים, המתמחה בהערכה ובטיפול בילדים עם קשיים התפתחותיים נרחבים לפי מודל ה־DIR.

מדריכת צוות הפסיכולוגיות בגני התקשורת של "סולם" בירושלים ומרכזת בשיתוף את תהליך ההכשרה על פי מודל ה־DIR של המטפלים והצוות החינוכי בגנים. מעבירה סדנאות למידה של מודל ה־DIR והדרכות פרטניות למטפלים בכלל ולפסיכולוגים בפרט.

על המתדיינים

✦ פרופ׳ יהודית הראל ✦

פרופ׳ אמריטה בחוג לפסיכולוגיה באוניברסיטת חיפה. פסיכולוגית קלינית והתפתחותית בכירה. בעבר, ראש התכנית ללימודי פסיכותרפיה פסיכואנליטית ושותפה לראשות המגמה הקלינית חינוכית באוניברסיטת חיפה. פסיכולוגית ראשית במכון אבא חושי. כיום, מדריכה בתכנית ללימודי תעודה בפסיכותרפיה פסיכואנליטית. מטפלת ומדריכה בקליניקה פרטית.

✦ ד״ר נורית פלזנטל-ברגר ✦

מומחית ומדריכה בפסיכולוגיה חינוכית והתפתחותית. מומחית בעבודה דיאדית אינטגרטיבית ובמודל ה־CPP לטיפול דיאדי במצבי טראומה. קליניקה פרטית המתמקדת בטיפול בילדים עם עכובים התפתחותיים שונים ו־ASD בתפקוד גבוה, בהבט רחב של עבודה משותפת עם הורים וצוותים חינוכיים. מנהלת ומרכזת הדרכה ביחידה התפתחותית רב־תרבותית שפ״ח ירושלים. מרכזת שותפה של פורום בין־מקצועי ללקויות תקשורת. מלמדת במדרשה ללימודי המשך באוניברסיטה העברית. מרכזת מסלול לשילוב וצרכים מיוחדים, בית ספר לחינוך, מכללה אקדמית אונו.

✦ רחל פפר-הדני ✦

פסיכולוגית התפתחותית, מומחית ומדריכה. עומדת בראש צוות פסיכולוגים התפתחותיים במכון להתפתחות הילד של קופת חולים ״כללית״ במחוז ירושלים. העבודה במכון כוללת אבחון וטיפול לילדים והורים עם קשיי התפתחות מורכבים, כולל אוטיזם, בעיות קשר והתקשרות, ועוד. כמו כן מטפלת בקליניקה פרטית.

בוגרת לימודי טיפול בטראומה (CPP) ולימודי פסיכיאטריה של הגיל הרך.

The intersection of DIR and Psychodynamic Principles: Points of Convergence

Gilbert M. Foley, Ed.D., IMH-E(IV-C)
& Tal Baz, MS, OTR/L

Features of Psychodynamic Therapies

DIR embraces key concepts and practices that evolved from both psychodynamic and developmental theory and research and is historically rooted in both traditions. Shedler (2010), in surveying the spectrum of dynamic thought, distilled seven features that reliably differentiate psychodynamic therapies from other treatment modalities. While all seven inform DIR, the following four stand as cardinal features: a focus on **development** (1), a focus on **affect and expression of emotion** (2), a focus on **interpersonal relationships** (3), a focus on the **therapy relationship** (4), and **exploration of fantasy life** (5). The authors have added the **primacy of the body** (6) and the influence of **forces outside of awareness** (7). These distinctive features of psychodynamic theory and technique will be discussed specific to the "D", the "I" and the "R" of DIR.

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1. A DEVELOPMENTAL PERSPECTIVE

A **Developmental perspective** is the organizing principle of DIR as theory and practice (Greenspan and Wieder 2006). Development is a bridge to DIR's psychodynamic roots as well as a long and independent tradition of developmental thought, research and practice.

Developmental models as theory and practice are rooted in principles and parameters that define the progressive change of the human organism overtime in response to complex transactions between child and environment.

Quantitative Changes

Quantitative changes are related to physical growth such as gains in height, weight, head circumference and so forth - what is referred to as maturation. During the Renaissance, it was believed that the infant was a homunculus, a fully formed and complete human-in-miniature as attested to by renderings of children in adult attire and demeanor who essentially grew in size-stature and fullness of capacity to maturity.

Qualitative Dimensions

Qualitative dimensions of development were less well understood. Qualitative changes refer to the unfolding of perceptual, cognitive and relational patterns of subjective experience and understanding of being in the world. This is observed, for example, in patterns of relational change from relative dependence in infancy toward autonomy and individuation; from being sensory and perceptually bound toward a capacity for understanding based on what is known verses what is perceived.

Broad Developmental Patterns

Development unfolds in broadly patterned configurations and trajectories across the species even if not with the degree of orderliness and specificity that linear and hierarchical stage and phase models would suggest. This progressive trajectory of the organism overtime both quantitatively and qualitatively is expressed in broad evolving trends from an undifferentiated and interdependent relationship among the domains of development to a more discrete and relative functional autonomy among domains; from simple to complex patterns of behavior and relating; from concrete to abstract cognitive and communicative capacities; from autocentric to allocentric ways of perceiving and being-in-relationship; from dependence to relative autonomy. Within the commonalities of development, striking individual differences in the rate, timing and quality of development are more the rule rather than the exception.

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Gene-Environment Interplay

Developmental progression emerges in a "gene-environment interplay" and reflects the interdependence of nature and nurture. It is recognized today that heredity is not an unmodifiable determinant but that gene expression can be altered by environmental conditions (Thompson, 2016). Thus concepts of developmental continuity, discontinuity and plasticity inform DIR theory and practice.

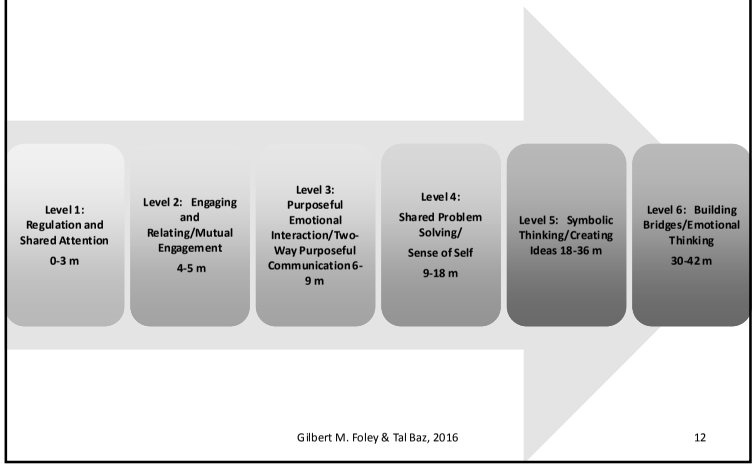
Early Experiences

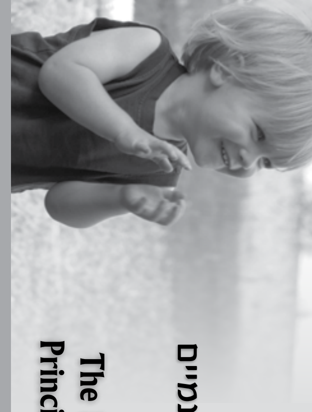
Consistent with psychodynamic thought, DIR acknowledges that early experience strongly shapes and makes a lasting imprint on development across the life span as dramatically demonstrated by the Adverse Childhood Experiences research (ACES) (Filitti, Anda, et al., 1998).
In treatment, it is recognized that early periods that have not been fully formed, overinvested or have been compromised by trauma or deprivation must be revisited, acknowledging that higher level attainment is synthesized out of the components of antecedent skills and stages. However, trajectories can also change and normalize reflecting a remarkable developmental plasticity. For example, high levels of linguistic input provided to young children diagnosed with brain injuries can accelerate syntactic growth to the degree that their syntactic skills by 46 months are comparable to those of typical children who had high levels of linguistic input (Goldin-Meadow, Levine, et al., 2014).

Functional Emotional Capacities

The developmental component of DIR is parsimoniously summed in the Functional Emotional Capacities (Greenspan & Wieder, 1997, 1998). While the Functional Emotional Capacities are portrayed in a linear sequence, it is understood that this scheme does not represent an invariant step-wise, progression, but an organic process more consistent with the developmental pathways model (Bowlby, 1988). Further, the capacities are highly distilled from multiple lines of development and form an elegant and economical axis that guides intervention and tells much in little.

Functional Emotional Capacities





The Four Brain Systems of the Neurorelational Framework Lillas and Turnbull, 2009

Each system affords a fundamental aspect of behavior:

1. **Regulatory System** ➔ Arousal
2. **Sensory System** ➔ Sensory Processing and Modulation
3. **Relevance System** ➔ Emotional Reactivity, Memory, and Meaning Making
4. **Executive System** ➔ Motor Activity and Behavioral Control

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Stage 1: Regulation and Shared Attention (0-3 months)

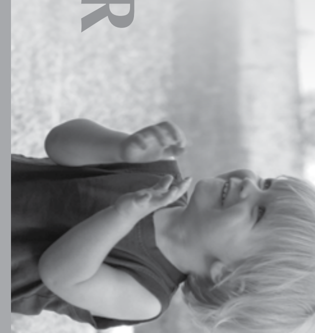
General	Regulation System	Sensory System	Relevance System	Executive System
• The ability to organize behavior and attend towards all sensations, while increasingly sustaining a calm regulated state, even in challenging situations, for 2 or more minutes.	• Patterns of Arousal slowly become more predictable and rhythmic • Cycling into sleep takes 20 minutes or less – with help from parent, and accumulative sleep is up to 16 h' a day • Engages in sporadic alert-scanning behaviors • Recovery from distress can happen within 20 m' with help from parent • External Regulation is the primary pattern	• Touch synchrony is integrated into the parent-infant mutually responsive system from birth • During the first two months of life touch gives way to gaze as the central mode of interpersonal relatedness and gaze synchrony becomes the main vehicle for social interactions	• Shows positive emotions: Interest, Curiosity, Pleasure • Seeks out and explore perfectly response-contingent stimulation (can be seen by neonates movement of limbs in coordination with adult's speech) • Highly aware to attention to the self • At birth can imitate (tongue) • At 6 w' can retain (24 hours) facial expressions and head movements	• Vocalizations and movements express positive (coo/cuddle) and negative (cry/arch) • Has good S/S/B • Able to cry robustly • Has reflexive and orienting movements – especially if novel • Head control emerges • Basic visual tracking • Global reaction to sounds • Producing at least one type of sound • Initiates movements toward others and objects of desire

Stage 2: Engaging and Relating/Mutual Engagement (by 5 months)

General	Regulation System	Sensory System	Relevance System	Executive System
• The ability to "fall in love" with meaningful others, and MAINTAIN this intimacy – even in challenging situations, i.e.; under stress • The ability to feel relaxed and calm near the parent while visually referencing, even across space, without being fearful or clingy	• Can stay in alert processing for 30 seconds or more • Periods of mismatch make up 70% of the interaction and occur 4 to 10 times per minute • Can recover from distress within 15 minutes with help from parent • External Regulation slowly makes way for Mutual Regulation	• A match between temporal ranges of infant auditory discrimination (0.4-1.6 s) and sound-silence durations of adult-infant interaction (largely less then 1 s) is established • Co-vocalizations begin to appear and often occur during episodes of shared gaze • Sensory Integration allows for sustained engagement while experiencing a host of sensory affective states	• Shows positive emotions: Comfort, Excitement. • Shows negative emotions: Sadness, Anger • Displays signs of discomfort, displeasure or sadness if parent becomes unresponsive • Prefer high but imperfect degrees of contingencies • Highly attentive to other people • Needs stimuli involving the human face gazing directly at her to activated the 'social brain' circuitry • Has simple forms of explicit memory	• Vocalizations and movements showing more variations of positive/negative experiences • Emerging capacity to link affect/intent to movement • Respond with facial expression to emotional content • Reacting to specific sounds by turning head and/or producing sounds • Can orient to location of expected object of desire • Can grasp with hands • Can coordinate oral-motor movements for eating and speech production • Can push up in prone

Stage 3: Two-Way Purposeful Communication (by 9 months)

General	Regulation System	Sensory System	Relevance System	Executive System
• The ability to react to, and initiate, non-verbal communication around a variety of emotional states, even in challenging situations, i.e.; under stress. • Circles of Communication (Serve and Return) become more paced and rhythmic, and divided more equally between baby and care-taker	• Can sustain alert processing for 1 minute or more • Accumulative sleep is up to 15 hours per day • Can recover from distress within 10 minutes by engaging in social interactions • Mutual Regulation is the main pattern • Respond when told "no" – Impulse Control	• Sensory Integration allows for reciprocity while involved in intentional rhythms of perception and action	• Positive emotions: Closeness, Pleasure, Excitement, Assertive exploration • Negative emotions: Protest, Anger, Fear • Nearby targets and objects-in-other's-hands become the main focus of attention at 4-7 months • Acts by self become the focus of attention at 7-10 months • Episodes of shared gaze decrease while joint attention around object manipulation increase • Memory storage for objects and events • Can imitate a behavior sequence done 24 h' earlier	• Vocalizations, movements, and gestures are used to initiate developmental emotional themes such as Ma, Da, Ba, "uh oh", head shaking for "no" • Transitioning of objects • Imitating people in his or her play (clap when another person claps) • Can come into and out of sitting position, roll, scoot, crawl and pull to stand • Initiates movement for the sake of exploration • Investigates source of sound or vision even if farther away



Stage 4: Behavioral organization, Problem Solving, and Continuous Flow (by 18 months)

General	Regulation System	Sensory System	Relevance System	Executive System
• Initiates, reads/responds to other in uninterrupted interaction of 30-50 circles of communication • Comprehends salient aspects of reality such as meaningful behavioral patterns so can anticipate & expand on them • Understands distinction between idea & action, and can create **own** ideas/solutions, as well as share & elaborate on other's ideas	• Between 10 to 13 m' can sustain alert processing while playing on own for 5 minutes or more • Between 13 to 18 m' can sustain alert processing while playing on own for 15 minutes or more • Responds with cooperation or short protests with recovery to parental setting of limits and redirection – Mutual/Self Regulation • Can use imitation to deal with, and recover from, distress	• Tolerates various types of touch (cuddling, roughhousing, different fabrics, brushing hair and teeth), as well as bright lights, loud sounds, and more intense movement • Sensory Integration scaffolds the emerging sense of self and the capacity to be a problem solver	• Shows positive emotions: Closeness, Dependency, Pleasure, Excitement, Assertive exploration • Shows negative emotions: Protest, Anger, Fear, Caution, Embarrassment • Objects in own hand become the focus of attention at 8-11 months • Distal objects become the focus of attention at 12-14 months • Imitation ability can be sustained for 4 months	• Vocalizations, simple words, gestures and movements are used to respond to outside limit setting and expression of developmentally appropriate emotional themes (ba-ba for bottle) by matching vocalizations with emotional tone and facial expressions • Functional exploration of toys • Imitates motor patterns • Follows simple instructions • Standing and Walking with or without support

Level 5: Symbolic Thinking (by 36 months)

General	Regulation System	Sensory System	Relevance System	Executive System
• Uses pretend play, drawing & words to "stand for" experiences that become meaningful scenes & narratives • At 24m' pretend and early symbolic play express at least one theme • At 30m' pretend and early symbolic play express at least 2 themes • At 36m' play links up two or more logically connected themes • Play themes are relational in nature, thus playing them out involves the ability to embody the experience of both child and caretaker, in different affective contexts. • Can express, and "think about" unobservable aspects of reality, inner states, self & other	• Between 18 to 25 m' can sustain alert processing while playing on own for 30 minutes or more • At 25 m' can sustain alert processing for lengthy periods of time – depends on context and task • At 24 m' temper outbursts are common and recovery can take up to 20 minutes • At 24 m' can use 2 word sentences to recover from distress (me scared) or express emotional themes (want mommy) • At 30 m' can use words to recover from stress and express at least 2 themes • At 36 m' can use words to link up two or more logically connected themes • Self Regulation is more accessible	• Sensory Integration underlies the ability to represent • When infants engage with their caretakers in patterns of vocal rhythm coordination they mutually organize procedures for when to vocalize, when to pause, for how long to pause, how to manage attention, activity levels, joining, interacting, yielding, tracking, etc. • These patterns become part of the procedural knowledge of the baby, and their contours become represented	• Shows positive emotions: Closeness, Dependency, Pleasure, Excitement, Assertive exploration • Shows negative emotions: Protest, Anger, Fear, Caution, Embarrassment, Shame, and recovery from Distress and Anger • "Objects" over time and nonvisible objects become the focus of attention at 15-24 months • By 24 m' has autobiographical memory and more apparent forms of explicit memory	• Gestural, vocal, and motor activity dominates during stressful experiences and are better linked to words and play • Coordination of eye-hand-mouth allows for self eating, dressing, drawing and copying simple designs • Coordination of gross-motor movements allows for walking, running, jumping, and climbing • Can modulate and inhibit movement Impulse control) in relation to context and adult direction

Stage 6: Emotional Thinking – Building Bridges Between Ideas (by 42 months)

General	Regulation System	Sensory System	Relevance System	Executive System
• Thinks in logical, sequential, and more flexible manner across range of emotions • Can link symbolic ideas (from Level V) into more abstract narratives & dialogues • Has initial understanding of number, size, quantity, time and space • Can use pragmatic language to express thoughts and affects • Can answer "WH" questions-Causal thinking	• Accumulative sleep is between 10-12 hours per day • The ability to move from actual experiences in the here and now, into the various ways in which affects and ideas can be expressed through language and play, requires a robust regulatory system, founded on the interplay between self and co-regulation, scaffolded by attuned caretakers	• There is an associations between synchrony in the first year and the development of symbolic play by age three and the development of theory of mind by age four. • Mutual synchrony at 9 months predicted self regulated compliance at 2,4, and 6 years. • Degree of synchrony across the first year predicted empathy and morality in adolescence • Play with other children requires sensory-processing skills to work smoothly and instantaneously	• Shows positive emotions: Closeness, Dependency, Pleasure, Excitement, Assertive exploration, Love and Empathy • Shows negative emotions: Protest, Anger, Fear, Caution, Embarrassment, Shame, and recovery from Distress and Anger, as well as Loss and Separation	• Gestural, vocal and motor activity supports the use of words and play • Words are used to link up three or more logically connected themes that show cause/affect, awareness of time and space • Play links up three or more logically connected themes that show cause/affect, awareness of time and space • At this stage the child needs to employ much more motor planning skills in order to act on the longer sequences of ideas he is expressing • Motor-planning then becomes a vehicle for expression of affective themes, but at the same time, in the midst of the action, new affective ideas can emerge

2. AFFECT AS A KEY ELEMENT

In typical development, it is affect that imprints experience with meaning and is therefore catalytic in symbol formation consistent with the idea that symbols are "signs charged with meaning". It is pleasure and its derivative array of affects that contribute to spawning, sustaining and deepening emotional ties with others. In DIR as a developmental model, as well as an intervention model, close attention is paid to affect as a key element in arousal, motivation, regulation, relationship formation and symbol building. DIR in its dynamic antecedents is consistent with Erikson's (1950) notion that it is affective forces which make individuals act and that the emotional aspects of life permeate all human functions.

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The Affect Diathesis Hypothesis

The attainment of the developmental capacities is inextricably related to **affect and the expression of emotion** (Greenspan and Wieder, 1997) which serve to organize and integrate experience. Affect is a key feature in DIR as a theory and a practice. In the Affect Diathesis Hypothesis, Greenspan (2002a) posits that the there is a fundamental neurogenic disconnect between affect and experience in the processing of individuals with ASD. It is theorized that the deficit in affect-experience integration compromises symbol attainment, memory, motivation and the formation of relational ties and expanding patterns of interpersonal relationships.

Psychosensory Experiences

Both affect and sensation have their origins in neurophysiological arousal at the subcortical level before being registered in awareness as a particular type of localized event of a particular intensity or as a differentiated feeling state or emotion with associated experience. In common parlance, it is not unusual to use the word "feeling" to synonymously represent both sensory and emotional states. Even when the capacity for physiological and semantic differentiation of sensation and emotion are developmentally possible, they are often correlated. For example strong negative or positive emotions may be associated with the perception of the sound, tone and volume of another's voice; the nature and intensity of a touch; the visual memory of a facial expression or an event. Thus positive or adverse sensory experiences tend to have an associated emotional valence. Because sensory and affect regulation, especially in infancy and junior toddlerhood, are experienced as essentially co-occurring phenomena, they might be better conceptualized conjointly as "psychosensory" experience and regulation. What will become affect regulation may have common origins with sensory regulation until these channels become more differentiated.

3. THE PRIMACY OF THE BODY

The psychodynamic principle of the primacy of the body as expressed in Freud's idea that "the ego is first and foremost a body ego" (Freud, 1949, p-21) is embodied in the "I"(Individual difference) of DIR. Psychodynamic thought embraces the erogenous zones of the body as early organizers of experience, sources of pleasure and discharge as well as conflict. The infant's experienced sensory qualities of the mother's body transferred to objects serve as the pathway to first toys. Spitting up and refusal to eat have been formulated to be somatic prototypes for projection and denial. Infants first experience society through their bodies in the physical caretaking practices shaped by cultural values and beliefs.

The Body as a Medium

The body is the medium of sensory assimilation and sense data are the raw material of relational, language and cognitive development. If sensory information is encoded in distorted ways, then the spawning perceptions of physical/descriptive reality and the behavior predicated on those perceptions are likely to diverge from typical expectations. Thus, in DIR, there is careful attention paid to sensory processing, sensory modulation, postural control and motor planning in children and the ways they support or compromise functioning in other areas. DIR recognized that altered patterns of sensory reactivity impacted the development of children with ASD before it was officially identified as a diagnostic feature (DSM-V, 2013).

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Multi-Modal Sensory Processing

At the same time DIR also holds true the assumption postulated by recent neuroscience that many neurons throughout the brain are multi-sensory in nature, even in brain areas thought to be devoted to only one sensory modality. To quote Daniel Stern (2010) “Whether a sound was heard or a movement visually perceived, the brain will deal with it, to some extent, as a multi-sensory event”. The organization of the eye-hand-mouth scheme, described by is an important marker in the development of multi-modal processing.

Multi-modal process

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Symptoms as Solutions

Echoing the notion of symptom as solution, in DIR, stereotyped or repetitive patterns of behavior frequently seen in ASD are understood as being functional efforts at self-regulation and organization and addressed adaptively in treatment rather than as disruptive behaviors to be extinguished.

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4. INTERPERSONAL RELATIONS

Relationships (which are psychosensory in nature) are regarded to be the cradle of development in DIR. Thus the **focus on interpersonal relations** between the parents and child is foundational. The “R” in DIR aims to nurture, sustain and deepen emotional ties between parents and child. Relationships are understood as the crucible of safety, security and stimulus nurturance that not only activate development itself but also serve as a base from which the child can move into the world with curiosity and confidence expectation to explore, discover, learn and master. The formation of a secure attachment is recognized as a foundation and model for relational development not only with the primary caretakers but beyond the primary attachment system. Attachment theory informs DIR (Bowlby, 1988; Greenspan, 2002b) but relationships are viewed as broader than the classical core of attachment theory.

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Relationship

Relationship is understood to encompass the evolving and widening social network of individuals beyond the primary attachment system (Greenspan & Wieder, 2001; Wieder, 2012). It also subsumes the deepening of relationships themselves in terms of the complexity of reciprocal interactions, emotional ties and affective range, dependency and autonomy, differentiation and individuation, identifications and social roles. Echoing Erikson, DIR would be inclined to agree with the notion that disturbances in interpersonal relationships represent an essential imbalance in the whole “emotional household.”

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Object Relations in ASD

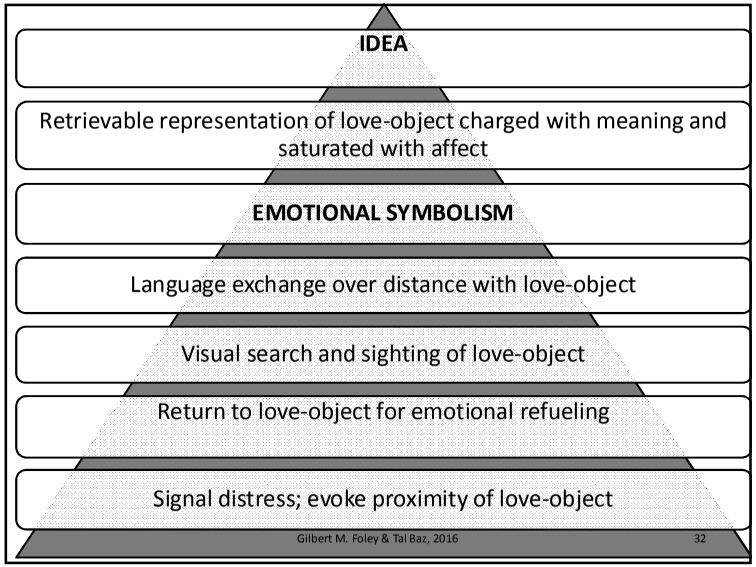
While object relations theory is not explicitly discussed in DIR, Gilbert Foley (2006) formulated a self-social-emotional developmental model of the first three years of life through the lens of a revisionist interpretation of traditional attachment-separation-individuation theory (Mahler, Pine & Bergman, 1975). Given that infants and parents are separate humans from birth, concepts such as Normal Autism and Symbiosis are inconsistent with what is known from infant research. This revisionist model describes critical slices of developmental life characterizing the organizational theme of each period in terms of the infant-parent relationship or the self-object relational position. These positions correspond to proposed reciprocal hypothetical characterizations of the forming inner representations of infant and parent. This line of self-social-emotional development is framed in developmental context and transactional organizers of development (TOD) from related domains are proposed as critical in supporting the consolidation of each self-social-emotional stage of development. Further, each of these stages mirrors the Functional Emotional Capacities which represent cardinal affective/relational channels that mediate between the inner life and the relational world.

Self and social-emotional development in infancy : An integrative scheme. Foley, 2006

Age	Transactional Organizers of Development	Inner Object	Self-object relational positions	Inner self	Functional emotional developmental levels
1 month	Inborn patterns of action and reaction	Discontinuous	Naïve synchrony	Protean	Interest in the world
2-4 months	Head control	Containing	Patterned synchrony	Held	Growing self-regulation
4-7 months	Practicing central control	Attuned/affirming	Reflective synchrony	Mirrored	Relational engagement
7-10 months	Freeing of the hands	Distinctive	Discriminate synchrony	Differentiated	Intentionality charged with affect
10-14 months	Locomotion (upright)	Iconic	Distal synchrony	Expansive	Emotional signaling/communication
14-24 months	Object permanence/symbolic communication	Split	Ambivalent synchrony	Conditional	Interactive problem solving with affect and pretense play
24-36 months	Emotional symbolism	Whole/constant	Self-synchrony	Constant/whole	Emotional thinking

Hierarchy of Anxiety Management

In typical development, the progressive sub- phases by which children come to master separation from the attachment figure has been described and codified by Mahler, Pine and Bergman (1975) and revised by Foley (2006). Implicit in this progression is also the manner in which children come to manage the anxiety inherent in the process vies-a-vies co-regulation with the attachment figure along a continuum from concrete to abstract and external to internal, characterized as the Hierarchy of Anxiety Management.



Anxiety Management in ASD

In children with ASD the mechanisms through which this hierarchy of anxiety management are mediated are different, specifically: fundamentally altered patterns of relating and communicating, sensory and motor differences, visual-spatial problems (in essence, the D and the I) and consequently, these neurologically based contributions may challenge even good-enough parents' ability to accurately read and respond to their child's signals; effectively co-regulate sensation, affect and anxiety; feel confident in the child's competence to separate and become autonomous.

Visual Conversations in ASD

"It is smiling and the visual conversation with mother that bridges the distance….vision gives depth and clarity to separation and comes to show at the same time the means that I must employ to overcome that separation"

(Wright, 1991, p.-62;Wieder & Wachs, 2012)

Our Hypothesis

We hypothesize that neurodevelopmental differences associated with ASD in the child alter the typical bi-directional patterns of interaction between parent-child which mediate the progression through the sub-phases of separation and mastery of the hierarchy of anxiety management in rate, quality and sequence. In essence, differences in the D and I alter the R.

Separation – Individuation in ASD

We are also hypothesizing that this may in part explain the high rates of co-morbid anxiety disorders in ASD. It may be that sufficient attention has not been paid to the process of separation and the management of the anxiety inherent in separating, in part, because in many ways these children appear to be too separated and thus the greater emphasis is placed on attachment to the detriment of helping parent and child navigate the course of separation and individuation, made more complex and tricky because of the symptoms associated with ASD. Thus there is a psychology of ASD.

Separation and Annihilation

Tustin (1981, 1994) suggests that separateness is experienced by the child with autism as a bodily catastrophe rendering him vulnerable to primitive terrors of annihilation and overwhelming anxiety of falling-to-bits lived in terms of unbearable physical sensations which give rise to autistic defenses.

Working with Parent-Child Dyads

Given that DIR strongly acknowledges Winnicott's paradigm shifting idea that "there is no such thing as a baby, only a baby and someone" (Winnicott 1957, 1947) that relationships are the cradle of development, that the parent -infant relationship is bi-directional if not symmetrical from birth, and that the attachment-separation-individuation process is a reciprocal and co-constructed progression:

DIR is a Dyadic/ Parent/Family relational approach both theoretically and clinically

Ways of Working with Parents

In Floor-time we meet the parent where he/she is at at a given point in time. Each parent, and each family system, has their unique profile (sensory, affective, linguistic, cognitive, and cultural), their own "ghosts and angels in the nursery", their own traumatic life experiences (or lack thereof), and thus they each experience having their child diagnosed with ASD in their own unique way. This is what guides us in our work with them: at times they need direct coaching; at times the parents need more individual support and "holding"; at times they can handle dyadic interventions which are more implicit in nature and demand greater creativity and problem solving. Ed Tronick (2007) referred to this process as co-creation and postulated that the open ended nature of it is a central feature for the development of mutual regulation capacities.

Cocreation in MRM

- "A fundamental principal of MRM is that the form of interaction and the meaning of the relational affects and intentions that regulate the exchange emerge from a cocreative process. Cocreative process produce unique forms of being together, not only in the mother-infant relationship but in all relationships. Cocreation emphasizes dynamic and unpredictable changes of relationships that underlie their uniqueness."

- "Cocreativity implies neither a set of steps nor an end state. Rather, it implies that when two individuals mutually engage in a **communicative** exchange, how they will be together, their dynamics and direction, are unknown and only emerge from their mutual regulation."

Tronick, 2007

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5. THERAPY RELATIONSHIP

In DIR there is a **Focus on the therapy relationship.** The meaning and emotional valence of the interpersonal relationship between and among the therapist, parents and the child are recognized as powerful vectors in the therapeutic process. While the transference is not typically interpreted and analyzed as a mutative force in DIR, there is a great attention to the "in vivo" cocreation of relationship, the therapist's awareness and understanding of the recurring interpersonal themes and feeling states that arise in the therapeutic relationship.

Reflective supervision is a part of the model and the training, so that insights with regard to the therapeutic relationship can be used to maximize positive process, enhance the parent-child tie and avoid pitfalls that would seriously compromise the therapeutic endeavor.

Floortime

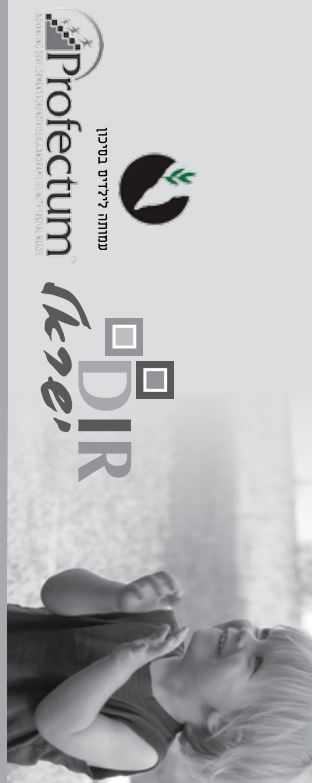
DIR is the comprehensive conceptual model (theory and research framework) which informs assessment, formulation and treatment. Floortime is the play-based treatment modality of DIR. Since affect and the expression of emotions are postulated to be the core organizing forces that integrate experience in development, they are harnessed as the main force of change when development goes array, and thus they are at the heart of the Floortime intervention. Furthermore, Floortime methodologies are essentially based on relational concepts elucidated through infant mental health research (Wieder & Greenspan, 2006).

Relational Concepts Underlying Floortime Principles

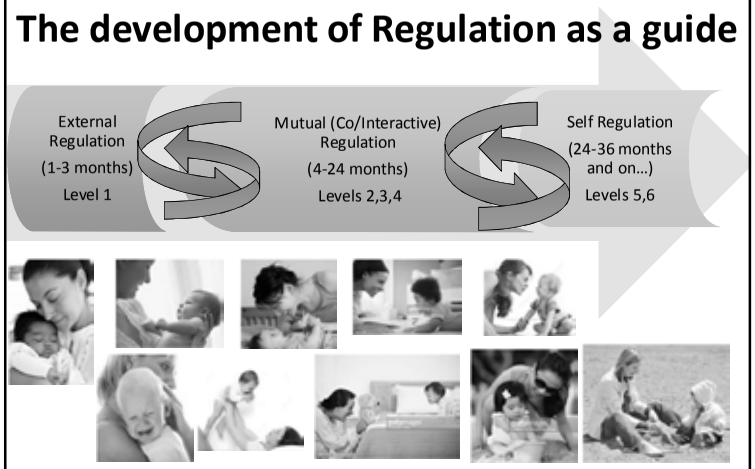
Ruth Feldman, Daniel Stern, Allen Schore, Ed Tronick, Peter Fonagy, Joseph Jaffe, Beatrice Beebe, Stanley Feldstein, Cynthia Crown, Michael Jasnow, Vesudevi Reddy, and the whole Boston Change Process Study Group: Alexander Morgan, Jeremy Nahum, Louis Sander, Daniel Stern, Alexandra Harrison, Karlen Lyons-Ruth, Edward Tronick, Nadia Bruschweiler-Stern – to name a few, and all psychodynamic in orientation, have explored the ways in which parents, through their interactions with their children, support development, as well as their capacity for secure attachment. We mobilize the knowledge from this research paradigm to facilitate the development of children with ASD and other developmental constrains. Implied in these **relational and interactional methodologies** is the active role of the parent/therapist (vs. the more passive role a classic psychodynamic therapist might assume).

Cross-Disciplinary Floortime Principles

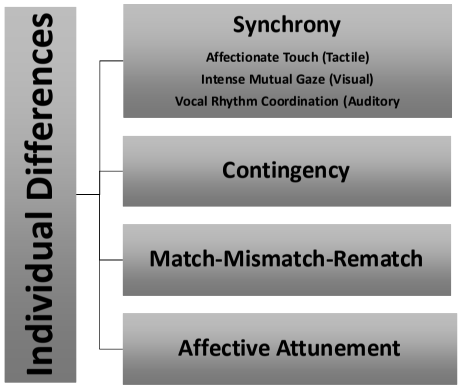
- Follow the child's lead
- Join at the child's developmental level and build on her interests
- Open and close circles of communication
- Broaden the child's range of interactive experiences
- Broaden the range of processing and motor capacities used in interactions
- Tailor your interactions to the child's individual differences in sensory processing and modulation as well as motor -planning capacities
- Simultaneously attempt to mobilize all developmental levels
- Employ affect to "woo", motivate, arouse and regulate the child and promote the integration of experience with feeling.



The development of Regulation as a guide



Relational Methodologies



Synchrony

Synchrony is the intricate "dance," between parents and infants. It occurs in short, intense playful interactions that build on familiarity with the partners' behavioral repertoire and interactive rhythms. It is a process by which a series of events follows another series of events with a stable time lag. It is defined as a match in the **direction** of change, not necessarily as a match of phase. Moreover, mid-range levels of synchrony were found to be more conducive than a tightly-fitting match or uncoordinated play in promoting a sense of security. This, synchrony must leave room for unpredictability, mismatched states, and random events, and is preferably able to contain both order and variability, stability and change, "theme" and "variations". One of the main developmental functions of synchrony lies in facilitating infant self-regulation by means of a co-regulatory process.

Feldman, 1999, 2007

Building Blocks of Synchrony

"The behavioral building blocks of synchrony: vocalizations, facial expressions, affective display, proximity position, body tone and movements, and affectionate touch – relational patterns observed across all cultural communities in different mixtures… - have their origin in the set of maternal postpartum behaviors during the bonding stage."

Feldman, 2007

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From Affectionate Touch to Mutual Gaze

- "During the first year of life, maternal touch patterns undergo significant development."
- "Touch synchrony… [is] an important component of early interactions by which touch is integrated into the parent-infant mutually responsive system."
- "During the first two months of life touch gives way to gaze as the central mode of interpersonal relatedness and gaze synchrony becomes the main vehicle for social interactions throughout life…"

Feldman, 2011

Mutual Gaze as a Regulatory Experience

- Mutual gaze affords a mutual regulatory system of arousal in which both (caregiver and infant) move together from a state of neutral affect and low arousal to one of heightened positive emotion and high, yet modulated, arousal.

Schore, A. 1996

- To regulate the high positive arousal, mothers and infants have been shown to *synchronize* the intensity of their affective behavior within lags of split seconds."

Feldman, 1999

From Mutual Gaze to Vocalizations

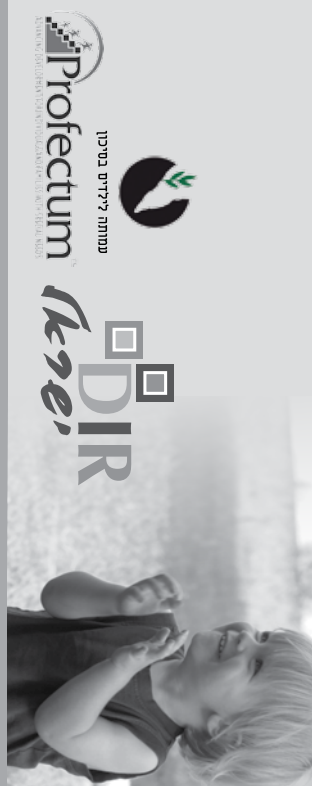
- "At the 3 months stage, the sharing of social gaze between parent and child becomes the central modality of coordinated interactions…
- … at 4 months only a stimulus involving the human face gazing directly at the infant, not a face gazing elsewhere, activated the 'social brain' circuitry…
- Mutual gaze also provides the framework for coordinated behaviors in other modalities…
- Co-vocalizations, moments in which parent and child vocalize 'in unison', begin to appear at that age and often occur during episodes of shared gaze"

Feldman, 2007

Vocal Rhythm Coordination

- At 4 months of age a match between temporal ranges of infant auditory discrimination (0.4-1.6 s) and sound-silence durations of adult-infant interaction (largely less then 1 s) – reflects a coherent perceptual-motor system
- A ratio of 1:2 of vocalization to silence has been found to occur regardless of tempo – this is considered a method mothers use to keep the infant from habituating
- At any particular moment, on average, each partner was most contingent on what the other did 20-30 seconds before

Jaffe et al. 2001



Long Term Effects of Synchrony

Feldman (2011) found associations between synchrony in the first year and the development of symbolic play by age three and the development of theory of mind by age four. She also reported that mutual synchrony at 9 months predicted self-regulated compliance at 2,4, and 6 years, and that the degree of synchrony across the first year predicted empathy and morality in adolescence.

Jaffe et al. (2001) showed that vocal coordination at 4 months predicted attachment security at one year though there was a curvilinear relationship so that a midlevel of coordination was better than too little or too tight a match. This also supports Tronic's work on mismatch and repair.

Contingency

- "Newborns engage in sporadic alert-scanning behaviors and mothers target their stimulation to the infant's alert state, providing the first contingency between the infant's internal alert state, and the caregiver's behavior. "
- "By coordinating social behavior with the infant state, mothers capitalize on the neonate's innate capacity to detect contingencies between discrete events in the environment, between different modalities in the infant's own behavior, and between the behaviors of self and other."
- "The infant's capacity to interpret stimulation as contingent (or not) may well be the most fundamental of the infant's capacities for interpreting sensory information."

Feldman, 2007

Midrange Contingency

- "More contingency is not necessarily "better"."
- "**Higher contingent coordination** increases the predictability of the interaction…[it] is seen as excessive monitoring, or "vigilance"…"
- "**Low coordination** is seen as inhibition of monitoring, or withdrawal."
- "**Midrange coordination** leaves more "space", more room for uncertainty, initiative and flexibility within the experience of correspondence and contingency – and is optimal for secure attachment."

Beebe & Lachmann, 2014

Interactive Mismatches and Repairs

"The moment-by-moment interaction between the infant and an adult is neither continuously smooth nor synchronous. Rather, the interaction is characterized by disruptions and mismatches of affective states and relational goals."

Tronick, 2007

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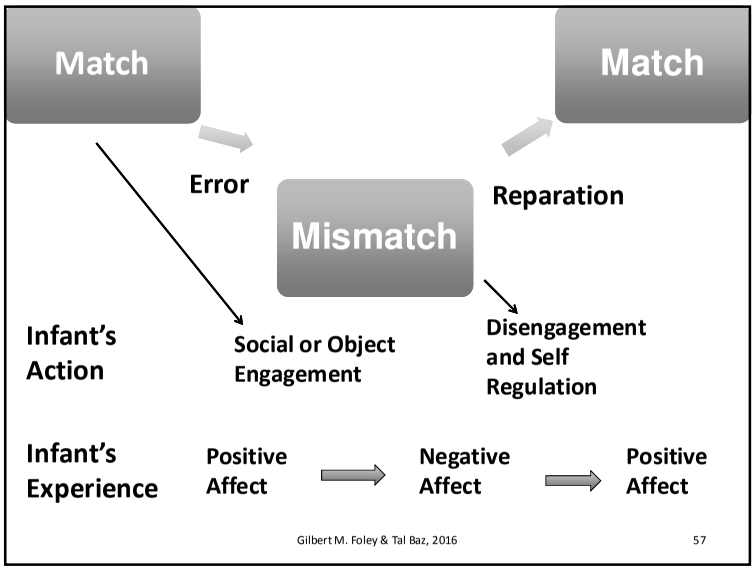

Likelihood of Mismatches

- "These mismatches are inherent in the interaction because of:

(1) the speed at which signals are emitted (three to four times per second);

(2) the demands on infants' and adults' receptor apparatus to detect and decode the signals;

(3) the response time demands, again on the order of 10th of a second;

(4) the occurrence of miscues;

(5) the likelihood of missed signals given their rate of occurrence; and

(6) the mismatching of intentions between the interactants and changes in their intentions as affected by their ongoing interactive state."

Tronick, 2007

Repair of Mismatches

- "These mismatches stress the infant by generating negative emotions, but the infant has coping behaviors for repairing them to turn a mismatch into a match and the negative emotions into positive emotions."

- "The infant who employs his coping strategies unsuccessfully and repeatedly fails to repair mismatches, increasingly focuses his coping behavior on self-regulation in order to control the negative emotion generated."

Tronick, 2007

Coping Behaviors

- Signal (Positive, Neutral, Negative)
- Alternate Focus (Object, Self)
- Self-Comfort (Oral, Self-Clasp, Rock)
- Withdrawal (Motor, Perceptual)
- Escape (increasing physical distance)
- Avert/Scan (Looking away without maintaining attention to something else)

Tronick, 2007

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Affective Attunement

- What parents do to show the baby they understand or share what he is feeling (inter-subjectivity)
- They do it by keeping the dynamic features (vitality form) but switching the modality (from seen action to heard sound)
- "Affect Attunement is based on matching and sharing dynamic forms of vitality, but across different modalities"

Stern, 2010

Affective Attunement to Negative Affects???

- "…it may… seem paradoxical that the parental display of a *negative* affect, even though it reflects the to-be-regulated emotion display of the infant, would, in fact, lead to a decrease-rather than an escalation-in the negative emotion state of the baby."

Fonagy et al. 2004

Soothing by Disruptions

- "This type of affect regulation involves the abrupt induction of some intensive alternative emotion in the infant that is incompatible with the to-be-regulated negative affect…"
- "Since in such emotion regulative events the infant has no contingent control over the state transformation he is going through, it is likely that his experience will be a passive one of externally induced affect modulation."

Fonagy et al. 2004

Soothing by Mirroring

- "…observations of soothing interactions indicate that parental affect mirroring does not accompany the infant's ongoing negative emotion displays in a continues manner."
- "Rather, the parent is more likely to "join in" for brief periods with short bouts of empathic emotion-reflective displays and then to take "time-outs" or breaks before returning again to mirroring."
- "…empathic emotion expressions tend to be brief communicative acts or gestures rather than more continuous state-expressions."

Fonagy et al. 2004

(6) THE INFLUENCE OF FORCES OUTSIDE OF AWARENESS

While the role of unconscious process is not specifically articulated in DIR, there is recognition of forces outside of awareness - for example, Implicit Relational Knowledge. This knowledge is described by Tronick (2007) as "[The] procedural knowledge of how to do things with others…" This kind of knowledge is "…as much affective and interactive as [it is] cognitive." It also "…typically operates outside focal attention and conscious experience, without benefit of translation into language." As children become symbolic, latent meanings may be interpreted and other areas of the mental life such as desires, fears, fantasies may be used as a rich source of material for how the developing child views herself, interprets the world and makes meaning of experience by psychodynamically trained DIR therapists.

(7) EXPLORATION OF FANTASY LIFE

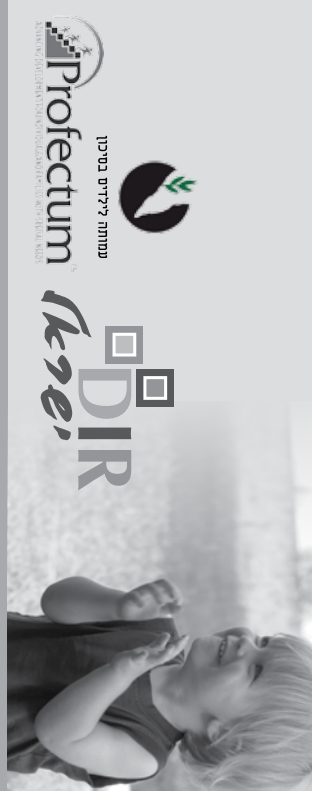
Thus DIR/foortime can be understood as a downward extension of traditional play therapy for the presymbolic child. As children move up the developmental ladder into symbolic thought and expression, greater attention is given to the **exploration of the fantasy life** through more traditional modes of interpretation. Likewise, Judicious and strategic use of traditional forms of interpretation with parents may be used by psychodynamically trained DIR therapists.

The Interpretative Method

The interpretive method (unconscious content, defense, transference, etc.) so central to the psychodynamic approach is not an explicit part of DIR, in part, because: ASD is not psychogenic, albeit having a psychology, and because the cognitive, symbolic and linguistic capacities of the chronologically or developmentally young person to process verbal or symbolic content may not be fully formed or fully functioning. "Kleinians are accused of making interpretations beyond what children can make sense of and that are thus either counterproductive or of limited transformative value" (Ruth, 2008, p. 108). However, the presymbolic strategies discussed above, we believe, represent forms of relational interpretation that constitute a foundational part of an interpretive continuum.

Psychodynamic Origins

DIR has origins in psychodynamic thinking and working. While the model has diverged, it retains psychodynamic foundations, motives and features that are not incompatible with a psychodynamic approach. When employed by dynamically trained mental health professionals, or other professionals working within a psychodynamic framework, DIR cannot only accommodate but also be enhanced by the insights and techniques psychodynamic thinking and working can bring to it.



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Conceptualizing Stress in relation to Anxiety, Situating it as a main feature of the Individual Profile, and Exploring Relational Pathways for mitigating it

Tal Baz, MS, OTR/L

Our Hypothesis

We hypothesize that neurodevelopmental differences associated with ASD in the child alter the typical bi-directional patterns of interaction between parent-child which mediate the progression through the sub-phases of separation and mastery of the hierarchy of anxiety management in rate, quality and sequence. In essence, differences in the D and I alter the R.

Mahler's Hypothesis

In 1968 Mahler theorized that "ASD results from a deficiency in the infant such that he is unable to **perceive** and use mother for homeostatic regulation, resulting in a **felt** absence of the mother. This **perception** of early deprivation is experienced by the infant as a threat to survival and leads to traumatic **anxiety** that, in a vicious circle, further interferes with the infant's experience of having a protective parent."

Singletary, 2015

Tustin's Hypothesis

Tustin (1981, 1994) suggests that separateness is experienced by the child with autism as a bodily catastrophe rendering him vulnerable to primitive terrors of annihilation and overwhelming anxiety of falling-to-bits lived in terms of unbearable physical sensations which give rise to autistic defenses.

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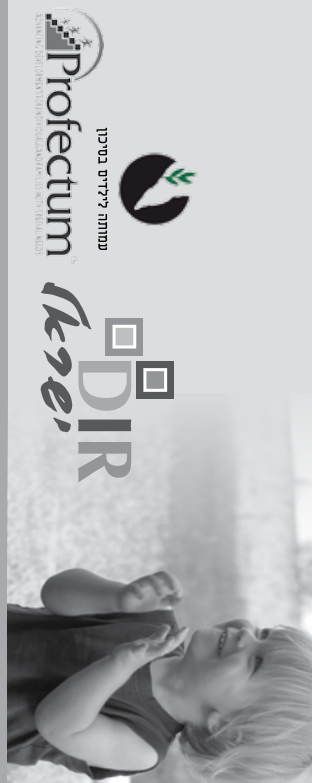

Porges's Hypothesis

Steven Porges links early experiences of threat, defensive avoidance of social interaction, and withdrawal, through the process of "neuroception" (safety/threat detection) to the symptoms of ASD. He "posits that neuroception of danger (whether from an internal or external source) leads to decreased tone in the muscles of the face and head. In turn, this difficulty with muscle tone is considered to underlie problems which are common of ASD and hinder social engagement: difficulties with gaze, facial expressions, hearing the human voice, speech prosody, and state regulation."

Singeltary, 2015

Three Neural Circuits

"The mammalian autonomic nervous system retains three neural circuits, which are expressed in a phylogenetically organized hierarchy. In this hierarchy of adaptive responses, the newest circuit, associated with social communication, is used first. If the newest circuit fails to provide safety, older survival oriented circuits are recruited sequentially."

Porges, 2011

Polyvagal Theory: Phylogenetic Stages of Neural Control, Porges, 2011, p.283

Autonomic Nervous System Component	Autonomic Functions	Behavioral Functions
Myelinated vagus *(ventral vagal complex)*	***Neuroception*** Stabilization of autonomic processes, including respiratory sinus arrhythmia (RSA), which protects the heart and enhances oxygenation of the brain. By regulating state and calming the individual, these functions of the autonomic nervous system permit sociality and provide resources necessary for symbiotic and reciprocal social interactions.	***Social engagement and caregiving.*** Expressed as a coordinated face-heart connection and observed as enhanced regulation of the striated muscles of the face and head and increased calming of the viscera including an active dampening of the sympathetic-adrenal functions and reducing fear. The enhanced regulation of facial muscles result in greater prosody, improved listening, and greater emotional expressivity.
Sympathetic-adrenal system *(sympathetic nervous system)*	***Activation*** Increased heart rate, release of glucocorticoids and catecholamines. Production of energy, including glucose, and conversion of norepinephrine to epinephrine.	***Mobilization.*** Active adaptations including flight-or-fight responses.
Unmyelinated vagus *(dorsal vagal complex)*	***Conservation*** Prevalance of bradychardia (slowing of the heart) and apnea (cessation of breathing). Reduced energy production.	***Immobilization.*** Passive adaptations including death feigning and loss of consciousness.

The Inhibition Challenge

"Inhibition of systems, which are in general defensive or protective, is necessary to initiate social engagement and to allow positive social behaviors. Conversely, positive social behaviors may be inhibited during prolonged periods of adversity. ***However, systems that support sociality also may be protective against the costly or destructive effects of chronic fear or stress*** (Porges, 2001a 2007b)."

Porges, 2011

Regulation as Behavioral Homeostasis

- "As a construct, physiological homeostasis is consistent with the behavioral homeostasis observed by Greenspan (1991).
- [This] "model, however, focuses on the external sensory modalities-hearing, sight, and touch. I am suggesting that physiological homeostasis… and the regulation of physiological homeostasis to support sensory processing of environmental stimuli… are necessary substrates for behavioral homeostasis." (p.81)

Stephen Porges, 2011

Regulation as One of The Four Brain Systems of the Neurorelational Framework, Lillas and Turnbull, 2009

- Each system affords a fundamental aspect of behavior:
  1. **Regulatory System** → Arousal
  2. **Sensory System** → Sensory Processing and Modulation
  3. **Relevance System** → Emotional Reactivity, Memory, and Meaning Making
  4. **Executive System** → Motor Activity and Behavioral Control

The Regulation System

- "…is considered the foundation that influences all developmental domains and all learning and relationship…The other systems are heavily dependent on [it's] optimal functioning…"
- It is "thought of as the oldest or most primitive of the systems because it controls **arousal**, the fundamental ingredient of all behavior."
- "In very general terms we define arousal according to the degree of energy expenditure."

Lillas and Turnbull, 2009

The Strands of Regulation

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1. Capacity for Deep Sleep Cycling

- "…good quality sleep can change the landscape of daytime behavior".

Lillas and Turnbull, 2009, p. 150

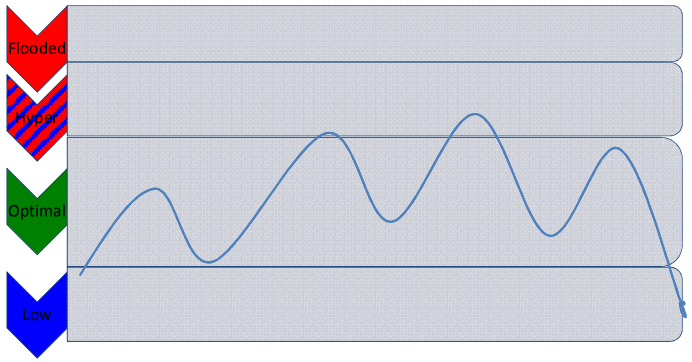
2. Capacity for Alert Processing

- Affords optimal baseline for learning, relating, and processing sensory and emotional experiences
- Supported by:

1. High quality sleep
2. Perception of safety
3. Ability to modulate arousal levels

- With development this capacity should become more robust and sustained for longer periods

Adaptive Nervous System



3. Capacity for Expression of Adaptive Stress Response

- Three "…adaptive stress responses… are embedded within the optimal sleep-wake cycle of physiological rhythms… in their adaptive expressions, stress responses contribute to the optimal functioning of the regulation system."
- **Hypoalert**, **Hyperalert**, **Flooded**.

Lillas and Turnbull, 2009

4. Capacity for Efficient Stress Recovery

- "When one shifts into a stress response, the story is not over until there is a recovery back to baseline."
- During wakefulness - movement into Alert Processing
- During sleep – movement back into sleep

Lillas and Turnbull, 2009

From Homeostasis to Toxic Stress

- **Homeostasis:** the capacity to maintain a stable internal physiological state
- **Allostasis:** the capacity to actively respond to stress
- **Alloastatic load (Toxic stress):** happens when the alloastatic responses are erratic or prolonged and do not support an efficient return to homeostasis

5. Capacity for Clarity of States and Smooth Transitions Between States

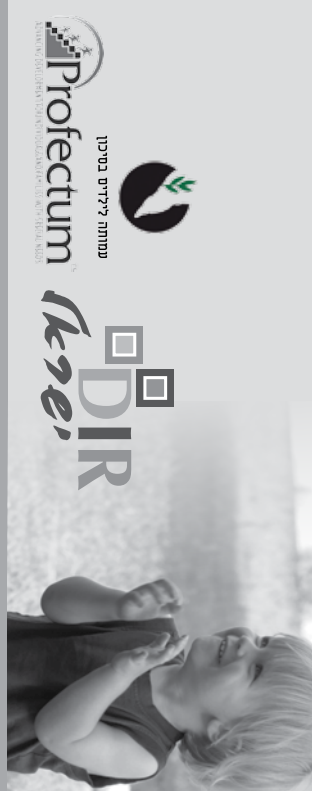
- State of arousal is a cluster of physiological and behavioral signals that usually occur together.
- "Poor clarity of states is often associated with less organization within immature or disrupted autonomic mechanisms."
- "…abrupt transition…demonstrates a costly use of energy (maladaptive) and poor communication through behavior."

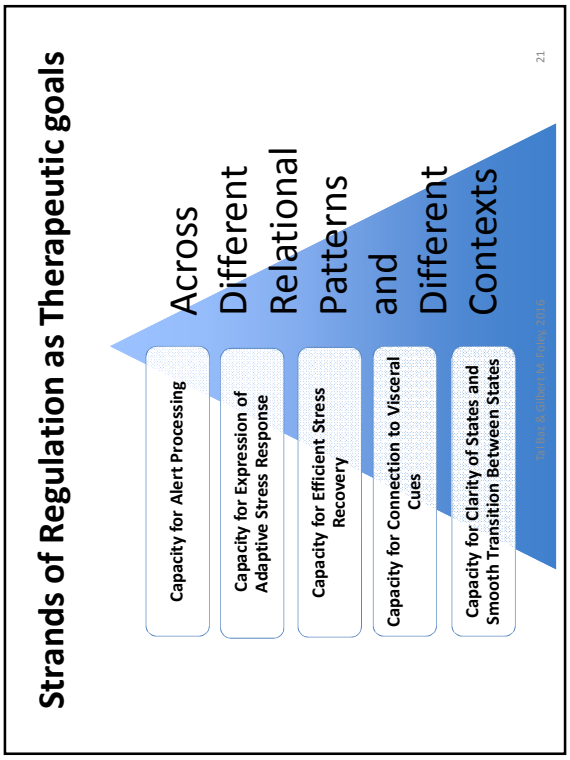
Lillas and Turnbull, 2009

6. Capacity for Connection to Visceral Cues

- "When clear signals from the child are accurately interpreted and understood by the parents, an ongoing feedback loop is created in which the first layer of meaning is laid down for established bodily connections."

Lillas and Turnbull, 2009




Strands of Regulation as Therapeutic goals
Across Different Relational Patterns and Different Contexts
Capacity for Alert Processing
Capacity for Expression of Adaptive Stress Response
Capacity for Efficient Stress Recovery
Capacity for Connection to Visceral Cues
Capacity for Clarity of States and Smooth Transition Between States
21

Attachment-Separation (Self)-Individuation: Themes, Vulnerabilities, Interventions

Gilbert M. Foley

Presented at the University of Pittsburgh Office of Child development

Self and social-emotional development in infancy : An integrative scheme. Foley, 2006

Age	Transactional Organizers of Development	Inner Object	Self-object relational positions	Inner self	Functional emotional developmental levels
1 month	Inborn patterns of action and reaction	Discontinuous	Naïve synchrony	Protean	Interest in the world
2-4 months	Head control	Containing	Patterned synchrony	Held	Growing self-regulation
4-7 months	Practicing central control	Attuned/affirming	Reflective synchrony	Mirrored	Relational engagement
7-10 months	Freeing of the hands	Distinctive	Discriminate synchrony	Differentiated	Intentionality charged with affect
10-14 months	Locomotion (upright)	Iconic	Distal synchrony	Expansive	Emotional signaling/communication
14-24 months	Object permanence/symbolic communication	Split	Ambivalent synchrony	Conditional	Interactive problem solving with affect and pretense play
24-36 months	Emotional symbolism	Whole/constant	Self-synchrony	Constant/whole	Emotional thinking

Mahler	Foley	Circle of Security
Normal Autism	Naïve Synchrony	
	Patterned Synchrony	Secure Base
Symbiosis	Reflective Synchrony	
Differentiation	Discriminative Synchrony	Safe Haven
Practicing	Distal Synchrony	
Rapprochement	Ambivalent Synchrony	
Beginning self and object constancy	Self Synchrony	

Naive and Patterned Synchrony Birth-4 Months

Getting Acquainted and courting-establishing patterns of regulation-engagement-beginning two-way communication-mother-baby play

When I look
I am seen
So I exist
- D. W. Winnicott

Interpersonal and intersubjective communication, in relationship, is the crucible within which the self is born.

- Gilbert Foley

"It could be said that the prosody of the human voice in the context of maternal care and relatedness is the earliest internalization of the mother as an object" (Rizzuto, 2003, p.-291).

המפגש בין מודל ה-DIR ומודלים פסיכודינמיים
התאמה, עקרונות ודרכי יישום

The Intersection of DIR and Psychoanalytic
Principles and Practice; Finding Convergence

Naive and Patterned Synchrony Birth-4 Months

Baby

- Intact central nervous system, repertoire of neonatal competence (signaling system/attachment behaviors), patterns of action and reaction, capacity to feed, orienting to body and other, curiosity about the world, object exploration; face gazes, follows, social smile

Parent

- Preoccupation with infant, orients/ experiments with biological rhythms, regulation/ arousal, feeding, reads baby's signals, engages in reciprocal behaviors, introduces age appropriate toys

Naive and Patterned Synchrony Birth-4 Months

Vulnerabilities-Baby

- Physical, neurological, sensory differences; fussy baby: feeding challenges, does not alert, excessively difficult to calm, engage, alert; lack of curiosity and interest in the world, difficult to engage in play, 3 month colic.

Vulnerabilities-Parent

- Overt rejection of the baby, failure in the "primary maternal preoccupation," excessively anxious over-permissive/overly intrusive, post-partum depression, challenges in regulating and feeding the baby, unable to read or respond to baby's signals, unable to include father, confusion in the family as to roles and responsibilities, unable to engage baby in play and reciprocal interactions; does not talk, sing, read to baby; prepares under or over stimulating environment, difficulty with establishing routine and consistent patterns of caregiving, negative attributions toward infant.

Reflective Synchrony (Symbiosis) 4-7 Months

Intimacy, mutual cueing, exclusivity, falling-in-love (honeymoon)

Reflective Synchrony and the mirrored self

The "we-unit…The experience of living in an intimate, attuned and reflective relationship is the germ plasm out of which internal working models inclusive of a capacity to love and be loved, are constructed and out of which the germinal self is spawned" (Foley, 2006, p.-151-152).

Reflective Synchrony (Symbiosis) 4-7 Months

Baby

- Preferential smile, molds and melts, prefers en-face position, differentiates mother from others, predictable rhythms, less crying, reliably comforted, active two way communication, vocal contagion

Parent

- Finds pleasure in ministering, holding, bathing and feeding, talking and playing with baby; able to read affect states, needs, cries; may have feelings of merger, can characterize baby temperamentally; successful in regulating feeding, establishes consistent and predictable routines " in-sync" with the child.

Reflective Synchrony (Symbiosis)
4-7 Months

Vulnerabilities-Baby

- Stiffens-pushes away, under or over-reactive to stimuli, undifferentiated facial and vocal signals, lack of preferential smile or infectious greeting, rocking or self-stimulating behaviors, infantile eczema

Vulnerabilities-Parent

- Failure to find pleasure in holding, feeding , face gazing, eye contact and ministering to baby; unable to characterize baby; shows little delight in baby's recognition of and preference for parent; inconsistent patterns of caregiving, over or under-stimulating baby; attitude of hostility in the guise of anxiety ; little success in reciprocal play or comforting, unable to identify and reflect baby's emotional state; finds parenting excessively burdensome, oscillating between pampering and hostility.

Discriminate Synchrony (Differentiation)
7-10 Months

Demarcating and delineating boundaries between parent and self - both somatically and psychically

"Consciousness of self is only possible if it is experienced by contrast …a condition of dialogue" (Beneviste, 1958, pp.-224-225)

Discriminate Synchrony (Differentiation)
7-10 Months

Baby

- Increased alertness and interest in the world, pushes away, becomes "lap baby"- gazes out-ward, makes transition to the floor, practices being alone in the presence of Mother, specific Mama and Dada, stranger reaction

Parent

- Reads baby's signals for greater separation and finds satisfaction in child's movement forward, capitalizes on baby's increased alertness for interaction and play, begins relinquishing possession of the body of the baby, helps in transition from lap to floor

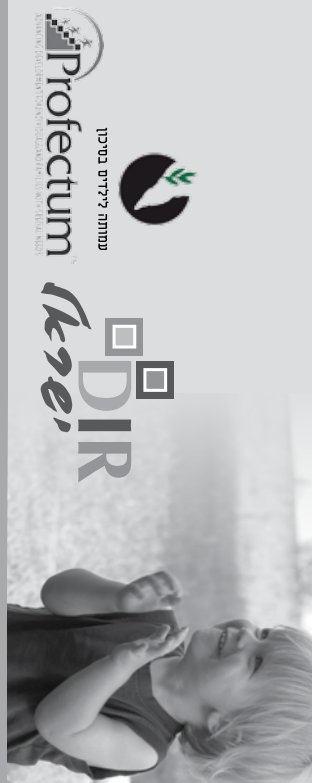
Discriminate Synchrony (Differentiation)
7-10 Months

Vulnerabilities-Baby

- Delays in acquisition of motor and distal signaling skills to initiate "hatching" ; does not signal desire to "hatch," excessive stranger anxiety, failure in sharing affective states-beginning awareness of other minds, fecal smearing

Vulnerabilities-Parent

- Finds baby's efforts to separate threatening-feels rejected or abandoned; too intrusive-clinging, overprotective or distancing and withdrawing or detached; does not make transition from proximal to more distal auditory vocal interaction, cyclical mood swings



Distal Synchrony (Practicing)
10-14 Months

Practicing how to be emotionally close but physically separate;

holding close with open arms!

Distal Synchrony (Practicing)
10-14 Months

Baby

- Upright locomotion, love affair with the world, curiosity and problem solving, separation and reunion, increased visual and vocal dialogue

Parent

- Creating an exciting world for baby to explore, finding pleasure in junior toddler's growing competence, being available for emotional refueling , child proofing-being sure child is safe

Distal Synchrony (Practicing)
10-14 Months

Vulnerabilities-child

- Delays in motor mastery, excessive anxiety, lack of curiosity and mastery motivation, too daring-avoidant of parent-does not refuel, does not have ideas

Vulnerabilities-Parent

- Unavailable, no longer feels needed, leaves child to own devices, does not prepare stimulating environment, cannot tolerate messiness, intrusive-over handling child

Ambivalent Synchrony (Rapprochement)
14-24 Months

Growing into psychological separateness, negotiating transition form infant to toddler, symbolic capacity and emotional awareness, lexical spurt,

confusion and storminess normative

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Ambivalent Synchrony (Rapprochement) 14-24 Months

Child

- May be ambivalent about closeness and difference, renewed wooing, shadow–dart, beginning struggles with control, "no", increased language production, expansion of affect array

Parent

- Learns to be quietly available, follows child's lead, becomes active player, chooses battles wisely, finds pleasure in child's mastery, attends to safety

Gilbert M. Foley, 2013, 2016 17

Ambivalent Synchrony (Rapprochement) 14-24 Months

Vulnerabilities-Child

- Delays in play, cognitive, language and motor skills; reckless, lack of necessary aggression or excessively aggressive; excessive tantrum behavior, excessive separation fears, can't make-up

Vulnerabilities-Parent

- Premature launching, re-engulfment, reactive ambivalence

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Foley - Relational patterns	Foley – Trajectories	Circle of Security
Premature Launching	Pseudomature Schizoid	Safety-Sensitive
Reactive ambivalence	Borderline	Separation Sensitive
Re-engulfment	Narcissistic	Esteem-Sensitive

Gilbert M. Foley, 2013, 2016 19

Self-Synchrony (Beginning Object and Self Constancy) 24-36 + Months

Consolidation of internal representations of self and love object charged with feeling, increased capacity to separate and regulate affect, expansion of peer play transition into the preschool years

Gilbert M. Foley, 2013, 2016 20

Self-Synchrony (Beginning Object and Self Constancy) 24-36 + Months

Child

- Increased capacity to manage separation anxiety, increased confidence and competence, sense of own personhood-preferences, increased assertion and beginning narrative play and language

Parent

- Increased confidence in child, allows for greater autonomy and experimentation, able to separate, introductions of peers in play, co-player and conversationalist

Self-Synchrony (Beginning Object and Self Constancy) 24-36 + Months

Vulnerabilities-Child

- Delays in symbolization, play and language, prolonged ambivalence and storminess, problems in affect regulation

Vulnerabilities-Parent

- Patters of clinging and abandonment, negative attributions-hostility, weaknesses in own object constancy-personality disorder

'I' - "The ego [self] is 'I', of course, and its acquisition as a stable self-reference has more than semantic import. The child who has acquired 'I' has made a momentous step in the organization of self and an object world, in which he demonstrates that he is an 'I' in a universe of 'I's', that he is an 'I' to himself, and that every "you" is an 'I' to himself"

(Fraiberg, 1977, p-171).

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CHAPTER 6

Self and Social-Emotional Development in Infancy

A Descriptive Synthesis

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The tale of self and social-emotional development of the hypothetically "average expectable infant" in "an average expectable environment" that is told in this chapter is essentially a myth because no such ideal of typicality exists. The myriad factors that have an impact on development, including the child's constitution, endowment, culture, family history, and a range of individual differences in virtually every human attribute, would suggest that variation is more the norm than the exception.

The description sketched out in this chapter is essentially a theoretical composite, a hypothetical integration of typical development, economical in form, and composed only of the essential lines and structure believed to be salient. Little detail is elaborated or range of normal articulated; points of developmental risk are noted, but specific descriptions or formulations of derailed development are not expanded, if for no other reasons than the constraints of space and a lofty aim to present much in little.

This portrayal of infant emotional development is drawn from multiple sources but might be considered a revisionist interpretation of attachment-separation individuation theory (Mahler, Pine, & Bergman, 1975) and a mite of descriptive "flesh" draped on the elegantly distilled axis of emotional development known as the functional emotional developmental levels (Greenspan, 2002; Greenspan, 2004; Greenspan & Wieder, 1998, 1999; Interdisciplinary Council on Developmental and Learning Disorders, 2005).

This chapter is dedicated to Bonnie Marsden, L.P.T., who with the late Marcia Q. McCrae, M.D., significantly contributed to and shaped the ideas that form this chapter. It evolved from a lecture series delivered together with the author, as a transdisciplinary team effort, to talk with colleagues about the complexity and unity of infant development. This work was conducted as part of an outreach project (The Family-Centered Resource Project) funded by the United States Department of Education, then the Office of Special Education Programs, Handicapped Children's Early Education Program, and the Pennsylvania Department of Education.

The developmental principles that guide the chapter are articulated in Chapter 1 and are not reiterated here. A schematic outline (see Table 6.1) may aid the reader in apprehending a meta-view of the organization and structure of self and social-emotional development as it is characterized in this chapter. As defined here, the construct of self and social-emotional development is less about the infant's expanding repertoire of specific affects or feeling states and more about the unfolding relationship between the infant and his or her love-objects—the human drama out of which the inner life of feelings, memories, and representations is spawned.

Structurally, this chapter is composed of descriptions of progressive and overlapping slices of self and social-emotional developmental life that unfold out of the infant–caregiver relationship from birth to 3 years of age. The following themes are highlighted in each period:

1. The central organizing motive from the perspective of the unfolding relationship between infant and love-objects, titled the self–object relational position
2. A hypothetical characterization of the status of the infant's forming inner representations of self and object
3. The developmental context and interrelated impact of other domains of development on emotional formation with identification of a developmental milestone in each period that suggests its role as a transactional organizer of development (TOD) across domains
4. The functional emotional developmental level, which is the cardinal affective/relational behavioral channel that mediates between the inner life and the social world

The self-object relational positions are all framed as progressive variations on the theme of synchrony. This is not to suggest that the interactions between infants and their primary caregivers are always contingent and harmonious. In fact, rupture and repair are more the norm and a critical ingredient in the formation of functional relationships (Tronick & Gianino, 1986). Nonetheless, the overarching motive and aim are to achieve a generalized quality of relational synchrony, as the correlation between reciprocal and rewarding patterns of interaction and attachment security are high and the sensitivity–synchrony–security relationship is strong and significant (DeWolff & van IJzendoorn, 1997; van IJzendoorn & Bakermans-Kranenburg, 2004).

For the purposes of this chapter, emotional development is conceived neither as a single line nor as a unitary domain, but as a multifaceted formative process that is affected by myriad forces, including the totality of development itself, organized as the structure and content of the inner life, arising both from within and without and expressed in functional behaviors used to mediate be-

Table 6.1. Self and social-emotional development in infancy: An integrative scheme

Age	Transactional organizers of development (TOD)	Inner object	Self–object relational positions	Inner self	Functional emotional developmental levels (FEDL)
1 month	Inborn patterns of action and reaction	Discontinuous	Naïve synchrony	Protean	Interest in the world
2–4 months	Head control	Containing	Organizing synchrony	Held	Growing self-regulation
4–7 months	Practicing central control	Attuned/affirming	Reflective synchrony	Mirrored	Relational engagement
7–10 months	Freeing of the hands	Distinctive	Discriminate synchrony	Differentiated	Intentionality charged with affect
10–14 months	Locomotion (upright)	Iconic	Distal synchrony	Expansive	Emotional signaling/ communication
14–24 months	Object permanence/ symbolic communication	Split	Ambivalent synchrony	Conditional	Interactive problem solving with affect and pretense play
24–36 months	Emotional symbolism	Whole/constant	Self-synchrony	Constant/whole	Emotional thinking

tween the internal and external worlds of self and other with affective range, intensity, and color. Emotional development in infancy includes

1. The formation of attachments
2. The inner construction and emerging portrayals of the self and love-objects with feeling
3. The ability to regulate impulse, affect, and the origins of self-esteem
4. A capacity to manage anxiety and form flexible and adaptive mechanisms of coping and defense
5. The ability to form and sustain relationships beyond the immediate attachment system and to experience the world with a range and intensity of feeling.

In the section that follows, the term *object* is used to refer to the important people who emerge in the infant's real and inner life as objects of desire. They also are varyingly referred to as attachment figure, love object, mother, parents, and so forth. The terms are intentionally used interchangeably to suggest that the child's objects of desire can include a variety of people of both genders in a range of roles and are limited neither to the biological mother nor to the biological parents. However, shades of meaning vary among the terms, and theoretical connotations differ. Terms related to internal formulations of the love-objects have also been used interchangeably with liberty, including internal working model, object representation, and internal object, again recognizing that these terms have different shades of meaning and theoretical connotations.

GESTATION AND BIRTH

This discussion begins with pregnancy. The argument, however, could surely be made that the wellspring of the psychic life predates the family of origin. Given the evidence for the transgenerational transmission of styles of relating through the enactment of internalized patterns of learned behavior from one generation to the next via patterns of childrearing—this is not to imply any adherence to Lamarckian genetics—it may be valid to talk about the infant's psychological as well as biological inheritance (Main, Kaplan, & Cassidy, 1985).

Indeed, the antecedents of the infant's emotional development are to be found in the parents' reactions to the pregnancy and in their preparedness, not only biologically and environmentally but also in a less visible but no less important way: their emotional state and readiness for the child to come. The clinical research suggests an increased permeability in the psychic system of the parents during pregnancy. It takes the form of structural shifting, perhaps a loosening: a stirring of memories, a heightened proclivity to reflection, and more ready access to heretofore-suppressed emotional states and fantasy. The mechanisms of

imagination and wish fulfillment are amplified because pregnancy is an optimal projective screen for the hoped and the ideal as well as the feared. This phenomenon is fortuitous, for it also serves parents by promoting a freer flow of the forces that spawn images and evoke emotional states about the wished-for but unknown baby-in-formation. Thus, pregnancy is fecund psychologically as well as biologically (Brazelton & Cramer, 1990; Solnit & Stark, 1961).

Among those images conjured is the representation of the wished-for child, that exquisite to-be-born child! In order to sustain the motivation, hope, and positive anticipation, this representation is invested with aspects of the ego-ideal, all that the parents wish they could be, tinged no doubt with fear and jolted by an awareness of aspects of themselves about which they are disappointed and impulses about which they are intimidated. Optimally, the good and the hopeful will outweigh the bad and the frightening. Although this scene tips vastly to the positive, the balance is far more precarious for some parents, depending on the circumstances of the pregnancy, their own histories, and internal balance of positive and negative emotional memories. This fantasizing and swooning over the "becoming" child warms the parents to begin to fall in love with the gestating fetus who has become invested with feeling and fantasy so that parents ideally arrive at the event of birth in a state of attachment readiness (Fonagy, Steele, & Steele, 1991; Stern, 1995; Winnicott, 1958).

Birth thrusts the infant from an intrauterine paradise into the sensory realities of the physical world. The paradise-like quality of intrauterine life is evoked by its association to a contained, constant, stimulus-tempered universe in which all needs are met and homeostasis prevails. It may be the most tension-free environment we will know in a physical body. Residual memories of intrauterine life, though deeply shrouded in the unconscious as vestigial sensory and somatic traces, may actually serve as the experiential fuel for the concept of heaven, nirvana, and other states of tension-free, blissful being. Birth, however, has been varyingly characterized as stressful, traumatic, and a prototype of all anxiety. Such characterizations surely suggest that something of great value is lost in being born. Birth propels the infant into a world of light and cold, hunger for air and food, sharp sound and surfaces, and space and potential danger (Rank, 1924; Winnicott, 1958).

NAÏVE SYNCHRONY

The typical infant comes into the world consummately vulnerable but also fortified by constitution to make the transition to extrauterine life. A blessed inborn protective mechanism in the form of state regulation (a more operational description, perhaps, of what Freud [1961] metaphorically called the *stimulus barrier,* which may actually be more like a stimulus membrane) guards the infant

from being swamped by an avalanche of external and somatic stimuli. When the external and internal excitation exceeds the capacity of the infant's immature central nervous system to filter, organize, and cope with the onslaught of overwhelming sensation, the infant's inborn protective mechanisms take over to spare him or her by turning down the registration/arousal system to drowsy or sleep (Brazelton, 1984). This represents a prototype of tuning out, turning inward, and turning away from external or somatic reality to an inner, dreamy, and altered state of mental or psychological consciousness. An excessive reliance on this form of coping would afford the infant little opportunity to acclimate, partake, and practice being in the exciting and compelling somatic and external world around him or her, however—a world that he or she must be able to come to register, process, discover, know, navigate, and master in order to, at the very least, survive, to say nothing of thrive!

The infant's evolutionary legacy transmitted through genetic endowment equips him or her with an array of other adaptive mechanisms, including his or her very physical form. The body of the baby alone beckons virtually everyone to come close, to say nothing of parents primed by emotionally tinged anticipation and suffused in a state of attachment readiness. The proportions of the infant's body, the fat pads of the cheeks, and the large, evocative eyes are an allure only amplified by an amazing panoply of inborn patterns of action and reaction, including gazing, grasping, clinging, smiling, orienting, discriminating, reciprocating, and other compelling capacities (Brooks & Hochberg, 1960). Taken as a whole, these competencies are particularly notable in their signaling significance. They constitute a psychomotor language stronger than words and are flirtations of sorts that woo the baby's parents into a relational courtship (Bowlby, 1958; Rochat, 2004).

In doing so, the infant has accomplished his or her first task of survival, to "hook" a caregiver, without whom the infant's very existence would be doomed. An attachment is spawning that motivates and sustains parents and infants alike to engage in a mutually regulated partnership that serves at least three critical functions:

1. The biological survival of the infant through feeding, physical caregiving, and protection from danger
2. Psychological survival in the form of freedom from excessive somatic tension and protection from disorganizing impingements from the external world (both of which may be experienced emotionally as annihilating)
3. Mapping an itinerary into the world that is graded, adapted to "fit well" with the infant's individual style, and formulated in such a way that the infant will be able to assimilate increasing quantities and intensities of stimuli from experiences with the environment (Bowlby, 1969; DeWaal, 2000)

Thus, just as the parent modifies the nutritional stimulus to make it compatible with an immature digestive system, so good-enough parents modify the stimulus nurturance of the environment to make it compatible with an immature central nervous system. In a metaphorical sense, the parents wade the infant into the waters of the world in graded increments, sensitive and available to respond to the signals of the infant. Sadly, some infants seem to have been virtually dropped into the world to "sink or swim," left to their own devices to grow themselves up, or so excessively sheltered from the demands and vicissitudes of the world that they are deprived of the necessary stresses and requirements that stimulate adaptive development.

This first slice of developmental life encompasses the initial postnatal month, during which the parent–infant relationship is mediated by a naïve synchrony (Foley, 1985, 1986). The term implies the workings of a seemingly unlearned "natural" affinity—chemistry if you will—that pulls parents and infants into proximity in the service of protection, nurture, discovery, and falling in love. That affinity is fueled by inborn patterns of action and reaction, temperament, and constitutionally endowed competencies on the part of the infant and the fantasy, history, and desire on the part of the parents. Taken together, they ignite a courtship of attachment and discovery.

The parental attachment readiness formed in pregnancy is now transformed into kinetic attachment by the presence of the infant, expressed in the form of parental empathy and nurturing ministration. Although earlier conceptualizations characterized infants as passive, needy, and helplessly dependent, existing in a "normally autistic" and objectless netherworld, a revised vision based on research emphasizes the competence of infants and their active role in promoting their own survival (Mahler et al., 1975).

Nevertheless, it is a relative competence and an asymmetrical relatedness. The infant could not of course survive without a nurturing relationship of loving caregivers. The infant's physiology is immature, and, thus, an external regulator is essential to help the infant establish and sustain a state of relative homeostasis or equilibrium in arousal, sleep, eating, warmth, and so forth. Thus, a central parental function is to serve in that regulatory role. This is accomplished not only through feeding and protecting but also by swaddling the baby in a soothing sensory bath of holding, stroking, and rocking styled to the individual infant by the parents' growing awareness of and sensitivity to the infant's temperament, individual differences, and unique needs.

One might suggest that when the infant's gestational term in the containing and sustaining physical womb comes to an end, a psychological caregiving womb begins in the form of a maternal preoccupation with the newborn and the creation of a "holding environment" in which the parents nurture and protect the infant from excessive impingements arising from within and without.

Infant and parent begin to co-create a mutually regulated caregiving ambiance that not only sustains the life of the infant but also creates a situation in which homeostasis, relative pleasure, and contentment can prevail over pain, excessive discomfort, and distress (Winnicott, 1960).

Portrayals of the infant's subjective experience of the world, the self, and the other diverge widely. The classic psychoanalytic conceptualization of the infant's inner experience is one of undifferentiated oceanic objectlessness. It is as if the infant inhabits a world without beginnings and ends, causality, or boundaries—a kind of formless netherworld in which reality is more strongly defined by inner sensations arising from the viscera than from external stimuli and people, a "normal autism." In essence, the infant is without any inherent proclivity to social seeking and relates only as a derivative of feeding and pleasure (Freud, 1965; Freud, 1958; Mahler et al., 1975). This representation can be counterpointed against an early object relations perspective that suggests that the infant is aware of human figures, at least their satisfying parts, from the first feed and that these real experiences have attached to them a particular inner and unconscious experience or fantasy. In this version, however, confusion between inside and outside yields to the primacy of an inner preoccupation with unconscious fantasy over external stimuli and real experience. The infant's salient reality is portrayed as one in which the external world of people and objects is perceived as dangerous and menacing. Thus, this picture paints the infant's inner life as one teeming with unconscious activity (Klein, 1952). This view can, in turn, be contrasted against the yet more contemporary vision of the infant as essentially object seeking and socially capable with a capacity for learning, memory, and interaction. The latter portrayal emphasizes the infant's orientation and responsiveness to the real world of objects and people (sensate and perceivable versus drive determined and fantasized) and defines the infant from birth as separate, competent, alert, and possessing a rudimentary differentiation of self from other and from environment (Hayne, 2002; Meltzoff & Decety, 2003).

The position in this chapter is a composite one, which suggests that all of these positions are valid and that each is a fragment of a larger, still-forming mosaic of infant truth not yet fully understood. Infants are to a large extent state and stimulus dependent and come with a range of individual differences in temperament. This suggests a wide normal range of responsiveness, reactivity, and style of rejoining excitation from within and without. When these two critical variables, temperament and state, are added to the psychic equation, it is quite plausible to assume that infants experience both periods of separate and perceptible object relatedness (i.e., when the infant is in an alert and fully aroused state) and periods of "autistic" and oceanic objectlessness (i.e., when the infant is in a sleepy, drowsy, and dreamlike state). It may be that the infant's subjective

experience of the caregiver and the self from the perspective of meta-psychology transmutes between the version of the objectless formless infant, floating in a kind of primordial netherworld, and the empirical version of the infant as separate, alert, and competent (Pine, 2000).

This first slice of developmental life is characterized not as one of normal autism but as one in which infant and parents are engaged in a naïve synchrony that catalyzes a spawning attachment, which first and foremost bears survival meaning. The infant's constitutional preparedness is nodal in this budding relationship, and from the very beginning, the infant is an active participant in a bidirectional process of interaction and relational co-construction. The seedling inner self might be characterized as *protean* and the dawning inner object as episodic and *discontinuous* along a state- and stimulus-dependent continuum between organized and social, and diffuse and objectless.

The infant's inborn patterns of action and reaction, many of which are reflex mediated, are central to the organization of this period. They might be characterized collectively as a TOD. Drawing on Spitz's (1965) concept of organizers of psychic development, this concept suggests emerging patterns of behavior that are nodal, in that they constitute the nucleus of a synergy that both integrates and catalyzes development across domains (Provence, Erikson, Vater, & Palmeri, 1995).

These patterns of action and reaction, although they might be reduced to and dismissed as innate, reflex-mediated somatic expressions, serve powerful social and communicative/signaling functions that not only elicit caregiver proximity but also yield important clues to sensitive caregivers about the infant's temperament and how best to regulate and nurture the infant. The signals promote face gazing and emotional reactivity and lay the foundation for reciprocity and protoconversational give and take. Thus, these inborn patterns of action and reaction link the postural, communicative, sensory, cognitive, and self and social-emotional spheres of experience into a transactional orbit.

ORGANIZING SYNCHRONY

The second slice of developmental life, broadly covering the period from 2 to 3 months, is characterized as an interlude of *organizing synchrony*. During this period, the reflex-mediated inborn patterns of action and reaction—the expressions of the naïve synchrony of the newborn period—begin to give way to protovolitional patterns of motor, exploratory, vocal, and interaction behavior that, in turn, have an impact on and are affected by multidirectional forces across developmental domains.

The courtship between infants and parents deepens as they learn about one another more intimately. Parents become familiar with their infant's tem-

peramental style, postural preferences, signals, and rhythms and increasingly learn successful methods to comfort, alert, feed, and play with their infant. Although in a still vastly asymmetrical relationship, infants are not merely passive objects or empty vessels in this unfolding attachment. They fuel the falling in love with an increasing competence for sustained engagement through face gazing and flirtatious facial games that include eye widening, brow crinkling, imitating, and the enflaming social smile, which attached parents "know" to be personal and intimate (Johnson & Johnson, 2000; Rochat, 2001).

During this period, a general increase in postural symmetry is associated with a new balance between flexion and extension. A growing control of the head in both prone and supine positions provides the infant with an increasingly stabile zero-point around which sensation, the raw material of perception and cognition, can be assimilated and organized. The growing control of the infant's previously lagging and bobbing head facilitates the infant's discovery of his or her hands. They now come repeatedly to midline and increasingly to a more stable head and mouth with a developing refinement that lays the foundation for the organization of the eye–hand–mouth scheme (Hoffer, 1949).

Early oral fingering and sucking help to stabilize the jaw and to desensitize the lips and mouth, reducing the inborn facial and oral defensiveness that protects the newborn from ingesting substances and objects that are dangerous. This progressive desensitization ushers in an increasing tolerance of and stimulus hunger for oral sensation and when understood in light of the relative sensorimotor refinement of the oral mechanism, polished by increased jaw stability, the mouth is secured as the zone of salient sensation. In keeping with traditional psychoanalytic thought, the zone of salient sensation as it progressively shifts from skin to mouth, to anus, to urethra, to genitals dominates the phases of development. The heightened oral sensation and registration are compelling and reinforcing and when understood in concert with a refining eye–hand–mouth scheme, which vastly amplifies the quantity of sensation and experience flowing through the oral portal, the mouth is rightfully accorded its moniker "the cradle of perception" (Spitz, 1965)!

This growing control of the head is not a function of maturation alone but represents a dynamic interplay of biological unfolding and experience (Thelen, 2000). As attentive parents pick up the infant to comfort, rock, bounce, soothe, and alert, the infant is afforded practice in flexing, extending, and co-contracting the muscles, which promotes both head stability and controlled mobility. The increased presence of the hands around the mouth and head make the face of the infant more alluring and attractive to the parents. The refining control of the head allows the infant to engage in more preintentional looking and early following movements of the caregivers. No longer is it always the parents adjusting their posture to establish contact with the infant; the infant now be-

comes an active participant in contacting them. Parents now imagine themselves objects of their infant's interest and love. There is a readjustment in the symmetry of the relationship. Their infant's appearing "active pursuit" fuels the attachment relationship and stimulates an eruption in expanding engagement and reciprocity. Thus, the control of the head stands not only as a motor milestone but also as a TOD at this period with implications for cognition, attachment, affective experience, and signaling/communicative meaning (Butterworth & Itakura, 2000).

The unfolding engagement and reciprocity of this period significantly contribute to the characterization of the object as *containing* and the experience of self as *held*. This is a time when mutual gazing can trigger a crescendo of visual-vocal-gestural interactions between infant and parent, climaxing in the infant breaking into a smile then turning to disengage, reorganize, and re-engage with the player (Brazelton, Koslowski, & Main, 1974).

A central question at this period is the degree to which these interactions are truly intentional and reciprocal on the part of the infant and/or the degree to which attached parents have come to know their infant's patterns of action and reaction so well that they respond to them "as if" personal and intentional by interjecting gaze, movement, vocalization, amplified affect, and smiling at appropriate times and points in the infant's action pattern so as to create circles of communication (Greenspan & Shanker, 2004). In so doing, infants and parents are co-shaping regulated, related, and reciprocal patterns of synchronous and communicative interaction (Tronick, 1989). The organization and internalization of this unit of interplay may serve as a fundamental element in propelling the trajectory of social relatedness forward by serving as a prototypic building block of more complex social behaviors, including interaction that anticipates conversational give and take. Early protointentionality is co-constructed by parents organizing and shaping the infant's interactions into meaningful exchanges by responding to them synchronously, "as if" intentional. Parents thereby prolong the engagement and rehearse the opening and closing of circles of communication. The closure that parents effect in the ring of relating and communicating by responding to cues and meeting needs constitutes a containing embrace that renders the infant feeling held and promotes a growing self-regulation that nurtures the still unintegrated ego toward a new level of organization (Messer, 1999; Winnicott, 1960).

REFLECTIVE SYNCHRONY

The third part of developmental life, broadly covering the period from 4 to 6 months of age, brings the formation of attachment to a high point, marking the spawning of a germinal psychic self and a growing capacity for physiological

regulation expressed in contentment as well as a transformed perception of the object world. The deepening courtship between parents and infant ignites a heightened intimacy—a love affair. This is not unlike the period in adult love in which the beloved are characterized as a "we-unit," together, greater than each stands alone, consolidated in a rapture by which each seems to know the mind, intention, and sometimes even the words of the other (Person, 1988). Might the antecedents of this capacity be found in this first intimacy?

The urgency for contact comfort (Harlow, 1958), the ostensibly seamless melting and molding of the infant's body against the body of the mother, the preference for the "en face" position, the enraptured face gazing, the particular smile and infectious greeting, the mutual cuing, and the apparent exclusivity and cohesion of the infant caregiving system, as well as the pleasure the infant imparts to his or her parents, all suggest a state of being in love and a condition of psychological "we-ness." However, this "we-ness" is not a unity of flesh as in utero or an erotic union as of genital attainment or a total psychic merger as implied in the symbiotic metaphor (Mahler, 1967), but rather an implicit knowing and an intersubjective union, as if each separate member of the dyad fathoms the inner experience and state of the other. It may be as if each is reproducing the other, as in a reflective synchrony, in which the first self is spawned as a *mirrored,* mimetic self in relation to a love-object that is experienced as *attuned and affirming* (Gergely & Watson, 1996; Lyons-Ruth, 1998; Stern, 1985).

From a metapsychological perspective, Kohut (1971; Kohut & Wolf, 1978) suggested that the parents serve as a self-object for the child. As self-objects, parents hold and stabilize, regulate, and organize the internal state-dependent flux, in part through engagement, which has become a cardinal feature of their relating and in part by mirroring and affirming the very existence of the infant and his or her inner sense of self. The mirroring and reflective relating impart to the infant a sense of self larger than the infant's reality of him- or herself, and, thus, these reflective exchanges nurture the development of the psychic self, first by empathic accuracy and, as the infant feels to share in a seemingly limitless competence of the parents, by expansiveness (a feeling of grandiosity and omnipotence). Later, by a gentle and progressive reality pruning that ideally does not crush that part of the spawning self created in an illusion, the psychic self is increasingly defined and refined by effectance and mastery. Continuing to rely on biology as a prototype for what becomes psychology, this process might be likened to the neurodevelopmental process of dendritic elaboration in which overabundance of circuitry is remodeled and refined into a more elegant economy based on use.

Consistent and predictable caregiving, successful feeding, and freedom from excessive stress afford the infant a growing contract of "confident expectation" (Benedek, 1938) that his or her parents will indeed be there to guaran-

tee biological survival and to ensure affective or emotional survival. If the whole first year is about the formation of basic trust, then the possession of confident expectation is the keystone of that trust. The attainment of a trusting relationship is consummately liberating for the infant because it binds and frees the infant from a primal and pervasive anxiety associated with physical survival, the integrity of the body, and fear of the external world as a source of potential damage from people, objects, and stimuli (Erikson, 1950; Klein, 1952).

Thus, in line with the concept that psychology begins where biology leaves off, the "instinct" for physical survival is always with us, but a growing confidence that physical survival is ensured through attachment transmutes the inner aim from one of biological survival alone to psychological survival, which now takes the form of a growing and necessary narcissism. Narcissism, then, is viewed as a derivative of the will to physical survival increasingly invested in the service of the survival and prosperity of the unfolding psychological self.

In this position of reflective synchrony, as in all development, the infant plays an active role in his or her own progressive advance and the self and social-emotional domain does not stand in isolation from the other domains of development, all of which operate as a complexity in unity. The practicing of central control, the improved extension and stability of the trunk against gravity, and the infant's ability to shift weight heighten the feelings of turgor and animation in the infant's body. This increased vigor communicates to the parents an intensified sense of the aliveness and vitality of their infant and might be likened to an extrauterine equivalent of quickening. The consolidating eye–hand–mouth scheme accommodates the cross-modal referencing and validation of sensory information so that what is brought to a mouth, now capable of munching, is felt, explored, seen, and heard. This higher order of information processing contributes to greater perceptual-affective integration, allowing the baby to assimilate greater chunks of experience and promoting perceptual elaboration, including the transition from part to whole object perception. The practicing of central control, a TOD, facilitates good extension against gravity and greater trunk stability that triggers a cascade of interrelated developmental advance.

Neuropsychological maturation, in concert with caregiving that successfully promotes homeostasis, results in less crying and a sense of contentment. Regulation is also enhanced by the mirroring function, which serves to embrace and organize the infant psychologically within the parental schema.

So central is this experience of synchronous mirroring and intersubjective intimacy that every child's birthright may be to have an emotionally competent adult with whom to fall in love. This bears repeating: *Every child's birthright may be to have an emotionally competent adult with whom to fall in love.* The engaged relationship, then, stands out as *the* potent medium through which the inside and outside are mediated. The experience of living in an intimate, attuned, and re-

flective relationship is the germ plasma out of which internal working models, inclusive of a capacity to love and be loved, are constructed and out of which the germinal self is spawned (Bowlby, 1969; DeWolff & van IJzendoorn, 1997; Masten & Coatsworth, 1998). Reflecting from a metapsychological perspective, the mirroring affords the infant an infusion of vast emotional supplies that not only spawn and nurture ego growth but also fuel and sustain the infant emotionally for the next leg of his or her self-journey, which shifts in relative emphasis from attachment and introjection to autonomy and mastery.

DISCRIMINATIVE SYNCHRONY

The fourth slice of developmental life, from about 7 to 10 months, is one during which the self–other reflection becomes more defined, delineated, and differentiated. Thus, the emphasis is on the discriminative aspect of the period but is closely aligned to the Mahler et al. (1975) subphase of differentiation. Psychic demarcation is drawn in concert with somatic demarcating, resting on the assumption that the body is both a primary object and a concrete template for the more abstract scribing of psychic representation (Krueger, 1989; Rochat, 2004).

The infant who earlier had so eagerly sought contact comfort, melting "en face" in his or her parent's arms, now begins to push away at his or her parent's body, increasingly preferring to be positioned on a parent's lap gazing toward the stimulating and alluring frontier that lies beyond the orbit of the reflective parent. Such a dramatic postural shift depends on the cooperation of a relatively stable head and trunk, improved balance, and increasingly disassociated patterns of movement. Being perched on a parent's lap gives the baby a safe, secure platform on which to practice lateral flexion, rotation, visually directed reaching, and so forth.

The turn to the world suggests a growing capacity to accept stimuli unmodified by the transforming auxiliary ego of the mother. Attuned, attached parents continue to be available to shade the infant from excessive stimulation while simultaneously affording the child increasing opportunities to practice self-regulation in the face of a greater ebb and flow of unpredictable excitation. Serving in the role of protecting the infant from irritating impingement, good-enough parents[1] preserve the infant from a premature self-sufficiency that might compel the infant to resort to primitive defensive patterns such as shutting down;

[1]"Good-enough mother" (Winnicott, 1962) suggests that parents need not be perfect in their satisfaction of the baby and that, in fact, being only good enough may be preferable to perfect as it means the infant will have to cope with the average expectable delays and frustrations that are incumbent in daily life (e.g., waiting for breast or bottle; struggling to attain a desired object out of reach until a helping parent arrives). These necessary and bearable stresses may be the stimulus and motivation for learning to cope, adapt, and symbolize, all of which mediate between a felt need and action and serve delay of gratification and internalizing and thus the genesis of ego functions.

tuning out; turning inward; or becoming stimulus bound, reactive, and dysregulated. States of excessive stimulation and stress persist in threatening the still-fragile self with feelings of annihilation and falling to bits. Thus, equipped with a state-mediated form of turning inward (what will later become a more volitional capacity to fantasize and imagine) and a trusting relationship to serve as a protective resource, the infant is now freer and more empowered to begin to turn his or her attention to the outside world with curiosity and a progressive crescendo of anticipation. In addition, the developing infant, with the help of his or her caregivers, is also better able to establish a regulated balance between coping and adaptation by turning inward and turning outward to others and the environment—the ontogenetic ratio. This early broad-brush balance of state (alert versus the drowsy/sleep states) may be an early index of an internalizing/externalizing, inner-directed/outer-directed orientation of the child. Although usually subsumed under temperament, a discrete examination of the alert–sleep ratio unfolding over time may well yield fruitful, predictive information.

Lap sitting soon gives way to the transition to the floor, a momentous leap toward greater demarcation. Intentionality is infused with a new force of assertion and affect. Just as sensitive parents read their infant's signals for proximity and attachment, so parents must now become open to read their infant's signals of assertive and affectively charged intentionality to launch and begin taking possession of his or her own body. Ideally, parents will be able to negotiate this transition without feeling abandoned or emotionally injured or by defensively imposing a premature self-sufficiency on the infant or resisting separation entirely by engulfing the infant.

The infant's transition to the floor inaugurates play at the parents' feet and affords the infant not only practice in learning to be alone in the presence of parents but also refining trunk righting and balance so that eventually the hands can be free in stable sitting. The ability to sit without the need to laterally prop liberates the hands and serves as the TOD of this period. Freedom of the hands affords the infant the opportunity to bring the stimulus nurturance of world to him- or herself, under his or her own control, enhancing feelings of self-efficacy and curiosity in the horizons beyond the orbit of the attachment figures. Visually directed reaching and eye–hand coordination are refined and facilitated by a now free thumb that is in view and serves as a visual marker. A more complex level of object exploration and manipulative play emerges that combines schemas such as shaking, banging, clapping, poking, dropping, and so forth. Through these inanimate object interactions, which might be likened to microexperiments, a wide variety of inanimate objects and materials are subject to a relatively fixed set of exploratory conditions through which the infant begins to discover, discriminate, and classify objects by virtue of their material and action properties, what Mosey (1970) called *exoceptual representation* (memory of stimuli based on

action response). This type of play nurtures cognitive growth by opening the child to a vast array of sensory experiences, creating the database that becomes the experiential standard against which forming representations will be tested. An ability to now put greater space between oneself and the attachment figure demands a shift from proximal to distal modes of communication in order to sustain the much-needed connection to the caregiver. Vision, hearing, gestures, and vocalization take on a new importance and will eventually eclipse touch and proprioception as communicative and attachment channels.

These same sensory and action explorations that the infant uses to discover the properties of inanimate objects are also applied to the discovery of the properties of human objects. The infant's play with parents' hair, the poking into ears and mouth, the grabbing of glasses, and pulling at beads all serve the same exploratory-discovery ends as the inanimate object play. The body of the parents or caregiver is explored as if discovering a new continent (Borneman, 1994). Such exploratory play, along with a growing desire and tolerance for physical distance between infant and caregiver, sheds a new perspective on the love-object and contributes to a deepening experience of the self as *differentiated* and the object of desire as *distinctive*. This demarcating, delineating, and defining is in part related to the discovery of the sensory and action properties of self and other. Thus, the nature of the forming internal models of self and other during this period is in part a function of exoceptual representations. The greater awareness of the relative distinctiveness of mother from other and from me renders the infant more vulnerable and reactive to the novelty of strangers.

DISTAL SYNCHRONY

The fifth slice of developmental life, encompassing the period from 10 to 14 months, is a period during which the central challenge relationally and emotionally is for junior toddler and parents to establish a position of distal synchrony. The forward thrust in development is illustrated most vividly in the push to mobility and the attainment of upright locomotion, the TOD during this period. This interlude is one that juxtaposes a junior toddler, intoxicated with the world, against an enduring human love and need for the secure base that the object of desire affords. Therefore, a complex set of forces, not the least of which is aggression, converges to propel the infant outward bound in exploration, discovery, and mastery.

Aggression, expressed in a growing muscularity, intentionality, curiosity, and motor competence, incites in the junior toddler the urge to complete development. This represents aggression in the service of ego formation because the expanded experience with the world will articulate reality testing, affective range, and self-regulation and effect a revised balance between the sensations and

phenomenology of inside (bodily sensations arising from within and fantasy) and outside (external sources of stimulation). The forces of aggression are modified and harnessed in the service of development through movement, object mastery, and relationship and are bound from being inappropriately discharged against self and other largely by positive affect. More simply put, this suggests that aggression is only modified toward the aim of civilization by affection. Thus, the role of a love-object is decisive in shaping, guiding, modifying, and sometimes neutralizing aggression that if left unbridled may assume a destructive course and existence of its own apart from a transforming love-saturated inner representation of self and other in formation.

Motor development pushes forward with considerable primacy during this period. Sitting has afforded the infant ample opportunity to establish good trunk control and equilibrium and to work on rotation, facilitating the development of transitional postures that prime the infant to move from sitting to all fours. Quadruped creeping offers the infant a relatively stable position from which to experiment and refine many of the skills that will support walking, such as reciprocal patterns of movement, rotation, weight shifting, and equilibrium. Increasingly self-initiated sources of vestibular input activate the junior toddler, and reinforced tactile and kinesthetic cues shape movement and contribute to the gradual shift in motor planning from a conscious act to one of increasingly automatic procedural memory.

The junior toddler's capacity and urge to foray from the nest into the world with greater autonomy and intentionality is fueled by a combination of curiosity and exhilaration that arises from the sheer sensation of mobility and pride of ownership of a body that is his or her vehicle of transport to the world beyond the orbit of the caregiver. Thus, the coalescing inner organization of self in representation and affect is *expansive.* Curiosity has no doubt been enflamed by the infant's intelligence, growing memory, and sensory and perceptual refinements, as well as greater capacity to be instrumental in the world. Having a stimulating and interesting world to explore, prepared by loving caregivers, motivates the toddler's will to discover and fosters an initial attitude of learning for love, which, when freely given and ascribed to the child, will nurture a love of learning. Creeping segues into pulling to stand, cruising, taking steps, and finally walking.

Walking forever changes the infant's perception of the world! Getting upright serves as a rite of passage into the family of humankind. It is read as an important marker of competence by parents and forever alters the perspective and perception the toddler possesses of the world, the self, and other. The upright toddler visually discovers his or her own body and views the objects of desire from a new perspective, from afar as in a gasp, as a gestalt. Thus, with the perspective of space, vision assumes an important consolidating, organizing, and

representational function that transforms the nature of the inner organization of the object from one based on sensory and action properties (exoceptual) to one that is *iconic*, or based on image representation. And parents, aware that their infant is erect and mobile, experience a deserved rush of pride in their own competence and potency at having produced not only a little person who has survived but, indeed, one who has attained membership in the bipedal human community.

The junior toddler, pulled to the world but also possessed of a strong need and desire for the secure base of loving parents, experiences an approach-approach conflict of sorts. The pull to the world beckons the junior toddler off into the unknown, not unlike an explorer. When the mission extends past the span of his or her ability to hold mother in mind, however, the toddler experiences a new anxiety, a separation anxiety, a fear of the loss of the object, and possibly a related fear of having potentially harmed the object in some way. The inner distress, experienced as anxiety, signals the junior toddler of potential danger and sets in motion a single-minded mission to seek and find mother. Because object permanence is not yet fully formed, the junior toddler still needs concrete sensory and physical evidence that mother continues to exist. Available and attuned to the anxiety, good-enough caregivers pick up the child, affirming their own existence as well as the child's, and soothe the toddler's distress by refueling his or her ebbing emotional vitality. The infusion of narcissistic supplies transmitted through the mirroring function, contact comfort, and expressed affection renews the flagging inner flame of self and buttresses a waning confidence. Re-energized and renewed, the junior toddler is apt to set out yet again on another exploratory foray. Some of the toddler's bravado during this period may be an artifact of the intimate engagement and mirroring that characterized reflective synchrony, so the child feels "as if" he or she is sharing in the competence and even relative omnipotence that parents appear to possess.

In the junior toddler's repeated leave taking and reunion with his or her mother, he or she is practicing how to manage the anxiety incumbent in physical and emotional separation from the primary caregivers. The toddler's exploratory forays expand in scope and lengthen in duration as the need for touching base and refueling decrease in frequency and are eventually replaced by more abstract, symbolic, and internal modes of refueling. The graduated practice afforded by repeated leave taking and reunion with the love-objects serves as a naturalistic prototype of desensitization for separation fear. The encounters of emotional refueling also serve to replenish and add to a growing inner store of comfort memory and consolidating trust in parental availability.

The practicing that characterizes this period of expansion cuts across developmental domains. Movement facilitates mastery and intentionality. Good

extension against gravity, practiced in sitting and standing positions, contributes to changes in the configuration of the body. As the downward exertion of gravity elongates the rib cage, patterns of respiration change. Thoracic capacity expands and extends exhalation, supporting sustained phonation and an expanding vocal repertoire. Mobility triggers exploration, object discovery, and problem solving, which contribute to an expanded comprehension and use of words in the context of daily life (Gerber, 2003). Motivated by a desire to stay in touch with the objects of desire over distance, refinements in distal communication (e.g., gesturing, posturing, facial expressions, vocalizations) become increasingly necessary for the toddler to resolve the paradox imposed by desiring simultaneously to be separate and to be connected! Thus, an attachment relationship in dynamic tension with a will-to-distal selfhood serves as a powerful catalyst for language development. Practice in distal communication, especially when ignited by heightened affect, is a vital behavioral-relational channel for building bridges between the toddler's forming inner world and external reality.

The newfound freedom and maneuverability that upright locomotion affords the toddler fuels a mood of elation, exhilaration, and accomplishment, germinating an affective embryo later recognized as an internal locus of self-esteem and pride. Forays into the world beyond the orbit of mother also present the venue for new emotionally charged experiences, contributing significantly to the flowering of an affective array that includes pleasure, joy, anger, shame, affection, sadness, jealousy/rivalry, self-confidence, and loneliness (Pine, 1980).

AMBIVALENT SYNCHRONY

As the reflective afterglow of sharing in the perceived omnipotence of mother fades, it may be the rude awakening of feeling alone that pushes the toddler into the sixth slice of developmental life. During this period, the self–object position is characterized as ambivalent synchrony, a paradoxical but resolvable position (14–24 months). The new feeling of independence and aloneness can be frightening to many toddlers and sends some scurrying back to home base for assurance that all is well, that they have, in fact, not been abandoned and are not alone. They may, for an interlude, suddenly seem more timid, their wings clipped and their bravado a bit muted. The toddler can pose as a notably paradoxical figure to parents, who may worry that the spirit of the robust fearless explorer of the recent past has been crushed.

For some toddlers, the return to harbor is a retreat to regroup before forging forward again—a regression in service of the ego. Such a reemergence, when it occurs after a period of retreat, may be accompanied by an extended period of ambitendencies between progression and regression, closeness and distance, autonomy and dependency, and competence and helplessness.

Behaviorally, the toddler is likely to be a bit testy and challenging, seemingly impossible to please, moody, and quixotic. Such wobbliness of feeling and behavior is not so unexpected on the threshold of a new phase of life. For the more synchronous patterns of interaction to falter is also not atypical and gives way to an increase in misunderstanding. Relational discord in general and the need for limit setting in particular may reach an unprecedented high.

In the face of a sometimes-equivocal push to autonomy, the relational task of this period is to renegotiate the terms of the toddler–parent relationship, resolve the stalemate, and realign the relationship toward a commitment to developmental advance. The negotiations are apt to center on mutual accommodations to the needs of a child who no longer requires or wants the vigilance and holding of infancy but is not yet ready for the relative freedom of the preschool years. A readjustment of perceptions, expectations, parenting style, and the nature of the love tie itself are the articles of examination. The persona of the child making the transition from that of an incorporative infant, getting and taking in the world, to instrumental toddler, moving out and acting on the world!

In this shift, not only is the toddler in transition but also parents must come to terms with the toddler's increasing higgledy-piggledy behavior—a growing self-possession of his or her body, the desire for autonomy, assertive intentionality, and the emergence of "No!" The toddler demands greater freedom of maneuverability, taking knocks and falls in stride, sometimes displaying an unyielding determination, at other times a baffling caprice and fragility, and at still other times an unexpected about-face collapse into parental arms. The contradictions can be puzzling, and parents typically struggle with how to meet the toddler's needs and provide latitude within limits. Alluding again to the analogy of falling in love, this period might be likened to a posthoneymoon adjustment during which partners grapple to sustain intimacy while negotiating their individuality and autonomy, the "we-ness"–"I-ness" ratio. How do we stay attached and in love yet maintain our separate and functional selfhoods?

Swings in behavior and mood constitute a kind of dialect through which the toddler experientially forges a more graded middle range of arousal, emotion, and behavior. Sensitive and reliably steady caregivers, who tolerate and guide the toddler through the storms and swings, afford him or her practice with regulation of arousal and mood that shapes self-regulation. Although there is some debate about the notion of a "normal" phase of ambivalence (Lyons-Ruth, 1991), a universality of such a feeling-prelude in the face of the remarkably novel is not unlike standing on the threshold of a major life transition, testing with one foot forward and then retreating, advancing, and hedging before taking the plunge. The ubiquity of ambivalence as an essential ingredient of the human condition in the face of the novel and the unknown may be captured in the derivation of the name of the first month of the year: January. Alluding to the Roman figure

Janus, who bears two faces, one looking back and the other forward, the name suggests the collective mood of ambivalence on the threshold of a new year, torn between the desire to look back and the eagerness to move forward.

From a meta-psychological perspective, the lability of toddler behavior and mood during this period is thought to be a reflection of the child's interior disposition. If so, the internal organization, including the self-construct, could be characterized as fungible and *conditional,* if not outright mercurial. It may be assumed that an inner working model of self exists but that it is plastic and impressionable, not unlike concrete formed but not yet set.

The assumption that a rudimentary inner working model of the self exists by this period is suggested by the attainment of object permanence and by evidence of a capacity for self-awareness. Object permanence suggests the recognition on the part of the toddler that inanimate and human objects exist in physical/descriptive reality over time and space, even in the absence of sensory validation of their existence. Out of sight need no longer be out of mind. In addition, toddlers by this age come to recognize and observe themselves as distinct beings. Self-awareness is suggested in the rouge experiment, in which 18-month-olds find a dot of color on their reflected face image disconcerting, which at earlier ages had not even been noticed (Lewis & Brooks-Gunn, 1979; Meltzoff & Moore, 1998; Piaget, 1952).

Although toddlers may recognize the corporeal permanence of objects as well as of themselves, they remain challenged by the more abstract and ephemeral status of feeling states, which are slower to be apprehended. Although toddlers perceive affect, they are not yet fully capable of emotional thinking and do not comprehend what may seem like totally capricious and uncontrollable variations in the mood and the feeling states of others as well as themselves (Denham, 1998). They are not yet able to hold the good (comforting, nurturing, gratifying) emotional memories of objects of their desire with the bad (frustrating, depriving, challenging) memories of the same people as parts of one whole-inner representation. The expected tendency is to *split* these perceptions and working models into good and bad compartments to prevent the bad affects from contaminating, even annihilating the good.

This inner bifurcation and the dissonance between cognitive and emotional knowledge (permanent object–ephemeral feeling) contribute to the confusion, wariness, and volatility that color the period. It must be noted that even the best of parents possess bad and shadowy sides when viewed through the spectacles of the child. Good-enough parents must wean, toilet train, and set limits, all of which feel discounting, frustrating, and thwarting to the child.

This formulation of the status of the inner life would suggest the condition of an emotionally sensitive period. Because the interior psychic structure is at a tentative pause, the experiences of this period may be critical with regard to the

future configuration of the skeletal or armature frame that will give form to the interior architecture of self and other. Because the inner conditions are especially sensitive to registration at this time, the impact of excessive stresses, conflict, insults, or other notably negative events and affects may incise long-lasting impressions.

Severe disruptions in the caregiving system, losses of loved attachment figures, physical or psychic trauma, or prolonged patterns of disorder and chaos hold the potential to scar, fissure, or fracture the consolidating but impressionable inner matrix of self and other. Such injuries may compromise the ability of the individual to hold and integrate the good and the bad descriptive and emotional components of self and other into whole and relatively stable but adaptable internal representational structures. The consolidation of whole inner objects that can accommodate the ambivalence associated with the co-existence of good and bad affective memories promotes coherence between thought and feeling and congruence between the inner psychic and the external relational life. Tolerance for the ambivalence and frustration incumbent in holding the good and the bad aspects of self and other in mind without excessive partializing allows the toddler to establish relatively stable and satisfying relationships with significant others, to level in mood, and to grow in decisiveness informed by affect-saturated ideas.

The attainment of internalized whole object relationships promotes the capacity of the developing child to tolerate the vexing, frustrating, and imperfect parts of self and other with forbearance and forgiveness. The integrity of inner working models promotes regulation of feeling and behavior in ways that reflect congruence and authenticity and a capacity to moderate aggression with affection. When excessive splitting persists, whether in the form of idealizing or demonizing of self and other, the split-off memory fragments and forces hold the potential over time to forge their own orbit and gravity, forming a virtual life of their own, apart from the core self and other stabilizing representations. Conditions of persistent splitting over time are likely to effect distortions in perception and behavior and constrictions in feeling and realization of potential and wreak havoc on a relative inner homeostasis and coherence. If externalized, then splitting may contribute to a pattern of relational and affect storminess, instability, and identity diffusion.

Negotiating this period can be challenging even for the most generous and sensitive caregivers as toddlers can be confusing, contradictory, and stormy. Although a vast oversimplification, three relational positions may be less than optimal for mental health during this period of ambivalence and renegotiation and subsequent progression. These are the positions of re-engulfment/intrusion, premature launching, and reactive ambivalence.

Re-engulfment

It is not unusual for some toddlers to revisit infancy in order to be reassured of parental love and availability before realigning themselves with the forward thrust of developmental progression; however, if parents misread this temporary retreat as an opportunity to have their baby back, then the toddler may become involved in a sticky regressive and intrusive enmeshment. If the toddler and parents are unable to negotiate a return to conditions of greater autonomy, then a sustained regression may mute the forces of progression. A prolonged embrace in the infant position not only may interfere with skill acquisition, competency, and mastery motivation but also may lull the toddler back into a too comfortable position of dependency and reliance on reflective synchrony and mirroring as a primary source of self–other affirmation. If this merger-like position again becomes the dominant means to fuel the self and hold the other, then it raises a vulnerability to dependency on narcissistic forms of self–other validation rather than a return to more reality-based reliance on accomplishment and mastery as sources of self-affirmation and refueling (Bergman, 2000).

Premature Launching

The second position is one in which caregivers prematurely launch the child and demand a degree of emotional self-sufficiency, skill, and autonomy that outstrips the child's capacities and readiness. Such caregivers tend to be intolerant of a toddler's emotional wobbliness and need for reassurance and "renewed wooing." An excessive fear that coddling will damage the toddler's motivation and confidence or open the door to wholesale regression may lead some parents to enforce expectations of emotional independence and competence that the toddler is unable to sustain without adult presence and scaffolding. Such toddlers, depending on their temperament and the security of their attachments, may become overwhelmed and despondent when left to their own devices. Others may become overstimulated and disorganized. Still others may appear to rise to the occasion but in doing so assume a defensive, counterphobic pseudomaturity and form a false self that has little substance beneath a veneer of bravado, cocktail-party sociability, and seeming indifference to parental unavailability. Some may also assume a quality of social promiscuity that renders them virtually indiscriminate in who they approach to get their emotional needs met (Speers & Morter, 1980). Other toddlers cope with excessive demands for independence by becoming angry and oppositional above and beyond the expected determination and testiness of toddlerhood.

Reactive Ambivalence

A third position may be the most pathogenic. In this position, the caregiver assumes neither the engulfing nor the prematurely launching position but rather one of reaction in kind. In other words, the parental figure may respond ambivalently and inconsistently, swinging in kind and "fighting fire with fire" in relation to the child's phase-expected mixed and confusing signals such as, "You didn't let me hug you when I wanted to, so get off my lap now." Of course this is a rather heavy-handed example, but when this style of relating occurs even in subtle and pervasive ways, it is insidious and impresses on the conditional self a working model that is tinged with uncertainty and confusion. The quixotic nature and rapid frame changes in affect, mood, and behavior associated with such a relational matrix virtually demand a reliance on splitting to preserve any semblance of inner viability and stability. Although this defense may support balance and preserve the relative integrity of good introjects, it undermines the integration of a firm core self and may contribute to the persistence of a conditional self that is excessively fungible, reactive, and too vulnerable to the vicissitudes of the relational environment. Such a protoformation may serve to increase the risk for borderline personality organization (Masterson & Rinsely, 1980).

When such behaviors are manifest, it is advisable to interpret them within a broad range of normal and as modifiable patterns. This is to avoid reductionism by embracing and examining multiple contributory factors. This also begs a systematic review of history, constitutional factors, tone and posture, sensory reactivity, relationship, cultural factors, and so forth. It is essential that the problem not be reduced and attributed wholly to the parent or to the child but rather be understood in relationship. Each of the three positions presented poses some risk for the genesis of a disorder of self; however, premature pathologizing must be guarded against in light of the plasticity of developmental pathways, resilience, and the multitude of transactional factors that contribute to any developmental outcome. With resilience, support, and wits, many children can navigate difficult passages and still stay within developmental course.

The characterization of a position that might be considered in accordance with mental health is begged. Although no such perfect relationship exists, a parental position of quietly responsive, emotionally reliable availability may allow the child to spawn and consolidate an inner working model of self and other that is whole, integrated, and structured. Such a parenting position tolerates the child's ambitendencies in closeness and distance, emotion, and dependency. By allowing the toddler to experience the extremes, he or she is also afforded an opportunity to co-construct with parents, in a dialectical fashion, an emotional and behavioral middle ground. Parents, in striving toward an em-

pathic but balanced and consistent reactivity in response to their toddler's sometimes volatile range of affects and behaviors, serve as an organizing zero point around which the toddler's emotional and behavioral swings can regulate to within so-called normal limits. The child's parents can exert a kind of emotional gravity that incrementally defines and reassures but does not constrict the toddler's wide-swinging arc of emotional and behavioral reactivity.

The internalized working model of the well-tempered parent eventually becomes a psychic symbol that subsumes aspects of physiological arousal as well as affect and sensory regulation. The following hypothetical, neuropsychological model suggests how psychology serves neurology in this process and vice versa. The conceptualized symbol, experienced mentally and psychologically, is hypothesized to possess a corresponding neural tracery of pathways and connections, the configuration of which is in part determined by the neural areas innervated with associational material that elaborate, articulate, and detail the symbol. For example, the symbol "mother" is enormously evocative of visual, sensory, bodily, auditory, and affective associations. Therefore, the neural tracery for the symbol "mother" would consist of a wide network of pathways and connections. This network of neural tracery serves to organize, contain, and create coherence not only of the idea but also of the neurology in which the symbol is encoded. Thus, symbols, particularly the significant ones saturated with strong affect and having multiple associations across sensory systems and pathways, serve an organizing, containing, and regulating function at both the psychological and neurological levels. In addition, such an internal model contains and holds the good and the bad introjects psychologically and possibly neurologically as well by linking right and left hemispheres in neural tracery, integrating each hemisphere's unique way of organizing experience, reducing reliance on excessive splitting, and liberating the toddler to turn attention again to developmental progression (Schore, 1994, 2001).

The quieting of emotional ambivalence and behavioral ambitendencies around themes of regression and progression and closeness and distance sets the toddler back on developmental track and opens up possibilities for a renewed progression across developmental domains. The motor strides initiated in the former period of distal synchrony consolidate, refine, and elaborate. The base for walking narrows, the hands come to the side, and movement becomes more fluid with the incorporation of rotation. Postural security in upright locomotion gives entree to experimentation with more complex motor planning and variation on themes such as running, jumping, and climbing. Expanded environmental and object exploration contributes to new discoveries and more complex problem solving by combining objects and using them in novel ways. Play schemes elaborate and become increasingly thematic, and the toddler begins to link play ideas together.

Typically beginning around 18 months, the toddler has a lexical spurt and a notable expansion in language use that may have several cardinal underpinnings:

1. A dendritic elaboration around the same time that may shore up the neurophysiological underpinnings for symbolization
2. The expansion of play schemes that broaden the spectrum of cross-modal sensory data, experienced and assimilated, which in turn scaffold language
3. The acquisition of object permanence, which liberates the child from a burdensome concreteness
4. Locomotion and a growing intellectual curiosity that drives exploration
5. An urge for physical independence counterpointed against an enduring desire to sustain an emotional tie to the object of desire over distance

It may be the emotional motivation that is among the strongest in igniting expanded language use. When taken together, language and object permanence (i.e., symbolization) are identified as the TODs during this period. They bear strongly on cognition by shoring up the capacity to visualize and solve problems through mental combination, thus serving symbolization. They have an impact on social development by yielding channels of communication that open up peer relationships, allow the child to possess simultaneously greater independence and connectedness, and form symbolic ties with attachment figures. They have an impact on psychological development by supporting imagination and pretense play. The capacity of the toddler to engage in mutual problem solving with caregivers, communicate affective states, and play with pretense constitutes the vital functional channel for mediating between the inner life and the external world of relationships and physical/descriptive reality.

Hierarchy of Anxiety Management

Before bringing to greater closure the inner workings of the toddler on his or her way to becoming a preschooler during the seventh slice of developmental life (between 24 and 36 months of age), a developmental phenomenon, referred to as the hierarchy of anxiety management (see Figure 6.1), that is embedded in periods five (distal synchrony) and six (ambivalent synchrony) and reaches a plateau in period seven (self-synchrony) are discussed.

Returning to the notion that a primal motivation for physical survival is transformed, in part by attachment, into a narcissistic drive for psychic-self survival, the central but latent anxiety of the period is fear of the annihilation of the fragile psychic self through deprivation of narcissistic supplies and bad introjects. The overt manifestation is seen in separation anxiety, first precipitated by fear of the loss of the physical love-object, then later, after the attainment of ob-

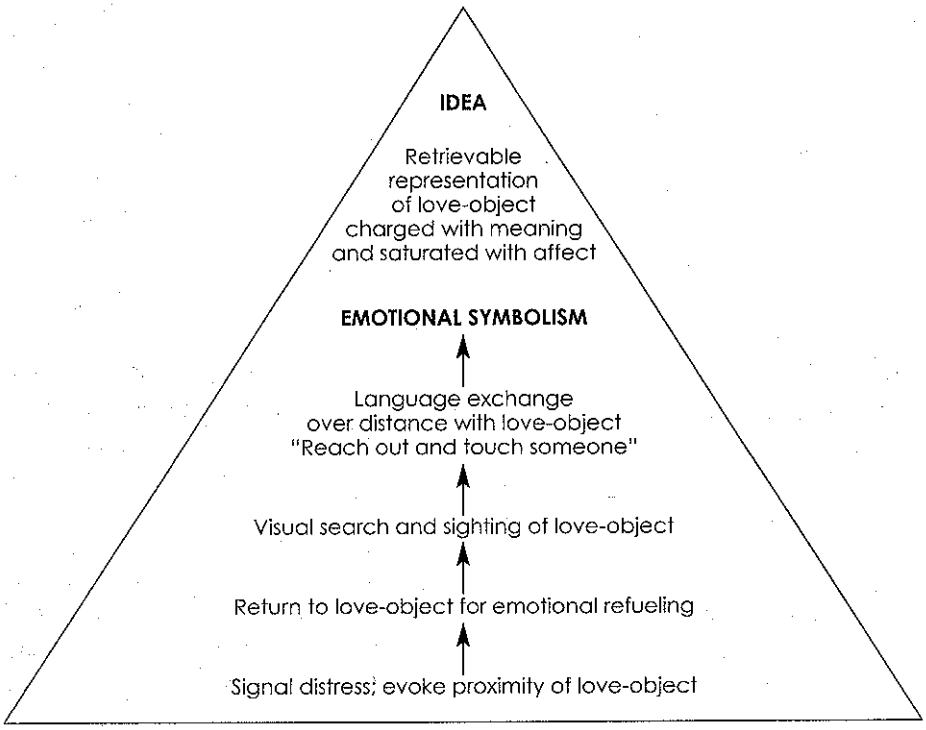

Figure 6.1. Hierarchy of anxiety management.

ject permanence, precipitated by fear of the loss of the emotional, refueling, and mirroring functions of the love-object, which raises the specter of narcissistic deprivation and consequent annihilation of the psychic self. The refueling and mirroring functions of the love-object are essential to sustaining the toddler's inner aliveness and the consolidation of a psychic self. The refueling, essentially an infusion of narcissistic supplies transmuted through the mirroring function, also restores some aspect of the child's "as if" illusion that he or she shares in the competence and generativity of the love-object.

The affective/narcissistic aspects of separation anxiety come to ascendance after about 18 months following the attainment of object permanence, which significantly diminishes the fear of the loss of the physical descriptive love-object; however, fear of the loss of the emotional functions of the love-object, in terms of mirroring and refueling, with latent fears of annihilation of the psychic self, are exacerbated. Continued proclivities to splitting and an inability to regulate and hold constant the more abstract, ephemeral, and puzzling aspects of feeling states are contributory.

Coming to manage separation anxiety has an impact on not only emotional development but also all other domains of development. In a highly distilled,

linear, and hierarchical scheme, Figure 6.1 depicts the developmental progression toward the management of separation anxiety. Although not remotely so discrete and behaviorally tidy, the noted salient feature is a transformation in the quality of the modalities that bind anxiety from concrete, sensory, and external to abstract, symbolic, and internal.

Early in the period of distal synchrony, when the infant has crept away from his or her mother and the memory of her has faded from the baby's consciousness, feelings of danger are signaled and experienced as anxiety, expressed in distress vocalizations such as whimpering or crying, intended to alert and bring the caregiver into proximity. At this phase, the physical presence of the mother not only reassures the infant of her existence but also predisposes her to want to soothe and emotionally refuel the baby in response to his or her distress status. Although the child at this age may call out "mama" as a part of his or her signaling effort, a vocal response alone from mother might temporarily cut the acute edge of the anxiety but would be insufficient to bind, neutralize, or dissipate the fear. Physical presence is necessary to quell the baby's fear in the absence of object permanence.

Later into the period, with improved mobility and maneuverability through upright locomotion, and faced with separation anxiety, the toddler is apt to turn passive to active so that instead of signaling to beckon mother to him or her, the child now actively searches for and returns to mother to elicit restorative refueling (Mahler et al., 1975). Mapping the search for the love-object has been well honed by watching mother's comings and goings and by playing practiced and rehearsed games such as Peekaboo, and Hide and Seek. This play contributes to the formation of internally mediated spatial schemas that facilitate finding mother and are activated by the forces of anxiety and attachment, tension, and relief. The child who has not had a consistent and available attachment figure with whom to practice and who possesses no internalized map to guide the execution of such a search-and-find mission, or whose motor planning is so poor as to render the physicality of finding mother an insurmountable task, will be more challenged to employ this active and adaptive form of coping. Such a toddler may persist in distress signaling and, if unattended, become sad, resort to shutting down, run about without aim, or become paralyzed or enraged by his or her anxiety, the pathways taken are in part determined by temperament, sensory profile, and the nature of the existing attachment classification. The response of rage may reflect aggression unneutralized by affection or a variation on the defense of turning passive to active by transforming the fearful into the feared.

Later in the period, the toddler's confidence grows as his or her love affair with the world (Greenacre, 1957) ignites. As with most steps in development, all of the domains serve advancement in an orchestrated manner. Without the locomotion, fine motor perceptual skills, and fundamental curiosity derived from

intelligence complemented by experiences, the world would surely be a less compelling place and might not compete so strongly with the comfort and safety of mother's lap. Because the confluence of developmental lines bears so heavily on mobilizing progression during this period, children with weaknesses or those for whom the lines of development are markedly uneven or have not worked in concert become particularly identifiable.

The now world-besotted toddler seeks yet a more efficient means to affirm the existence of mother and emotionally refuel over distance without having to return so frequently to home base. Vision becomes that solution and assumes a new developmental ascendance. Visual search and find begins to subsume the earlier physical cycle of search, find, and refuel. Visual localization of mother alone becomes sufficient to reassure and comfort. Informed by cognition through a forming object concept, the child no longer requires the same level of sensory validation to be reassured of mother's existence. In other words, proximal sensory modes of verifying reality are being subsumed under vision so that now, the toddler need only lay eyes on the attachment figure over distance to be reassured. However, recognition of the ongoing existence of the love-object as a physical/descriptive being precedes the child's inner certitude of the constancy of the love-object and his or her availability as an emotionally refueling figure. The greater abstractness and fleeting quality of affective experience contribute to the consolidation of emotional constancy at a later time and is broadly consistent with a concrete-to-abstract developmental trajectory. In this process, vision has a history as an affect-saturated attachment signaling system. Early proximal face gazing, eye contact, and later visually turning-to-check-in and touch were highly invested with affect so that the visual refueling of this period bears an emotional charge as in "Drink to me Only with Thine Eyes" (Wright, 1991).

Language, which has been unfolding rapidly during these periods, increasingly comes to stand for objects and experiences that heretofore had to be experienced first hand. The word, a culturally determined mental and vocal symbol, serves to condense, organize, and bind mentalized sets of sensory information assimilated from experience into configurations or representational units that correspond to and stand for a particular object or experience in physical, descriptive reality.

For example, concrete experiences with a pencil, including manipulating it, mouthing it, banging it, dropping it, and marking with it, provide the child with a sensory database that "describes" a pencil. This information is assimilated into the mental apparatus, and the label "pencil," when used consistently and contextually, becomes increasingly meaningful by binding the mentalized attributes into a representational unit so that the word symbol "pencil" subsumes the raw sense data, drawing a correspondence between experience and word. Imagine words as precipitants that, when dropped into the mind of a child, a so-

lution super saturated with sensory data causes the contents to aggregate into organized, coherent, and intensified semantic units that condense sensory data and clear the mind to higher order processes. The word symbol used alone in the absence of concrete sensory validation increasingly acquires the potency to evoke the experience to mind and stand alone for the pencil and its attributes without the child needing to have actual contact with a physical pencil.

Prior to the attainment of object permanence, it may be that words alone remained too abstract to subsume sufficient sense data so as to evoke the "materialized" objects in the mind of the child and stand alone as signifiers in the absence of auxiliary sensory affirmation of the objects' existence. After the acquisition of object permanence, words are relieved of this dual burden of both evoking experience and validating reality. This may in part account for the notable expansion in language use after the attainment of object permanence. At this early age and throughout the preschool years, however, language continues to be riddled with a tenuousness that requires that children have ample sensory-linguistic validation to underwrite the potency of language to stand alone as signifiers of experience.

This increased capacity of language to stand for and evoke experience now allows the child to engage in verbal exchanges with the love-object and to evoke the mental presence of the caregiver, even in the absence of direct vision or other sensory affirmation of the love-object. The vocal exchange alone assures the child that the love-object exists and he or she is comforted. Thus, the child "reaches out and touches" his or her love-objects over distance through the use of words. Although the child may have called out for mother at an earlier age and her response may have assisted the child to anticipate her arrival and to tolerate the wait, the verbal response alone would have been insufficient to sustain the child in the absence of the physical mother. Now, however, words and beginning verbal give and take, constructed on a foundation of visual, gestural, and vocal reciprocity, not only begin to assure the child for short periods that mother exists but also to connote affective meaning.

The emotionally comforting connotation of vocalization and language so clearly predates the cognitive meaning for the infant, as parents expressed love, tenderness, and a range of emotional states through cooing, vocal soothing, singing, "motherese," and parallel talk. "Sound and speech parallel physical contact with the mother and infant and not only become the first empathic experience with the mother, together with her face and eyes, but also represent the first step beyond physical contact" (Krueger, 1989, p. 150). Words themselves assume a transitional function and a role in integrating the perceptual and physical/descriptive reality with the affective aspects of experience so that words and eventually ideas can begin to assume a growing role in the regulation of anxiety and other affective states.

SELF-SYNCHRONY

It is not until the seventh slice of developmental life, between 24 and 36 months, that self and object begin to be organized into separate but related and relatively stable, whole, and internal representations invested with constancy of feeling. Positive introjects are trusted to prevail over negative ones, and good and bad affect memories are able to co-exist as part of the same whole inner-working models. With these two internal constructs (*object* and *self-constancy*) organized in rudimentary form by about 3 years of age, the idea of the love-object alone now becomes sufficient to sustain the child for short periods in the absence of the physical, vocal, and emotionally refueling caregiver and to neutralize the anxiety incumbent in separation. It is the idea saturated with feeling, then, as suggested in the Platonic metaphor of the gnostic cave, that liberates the child from slavish dependence on the concrete and sensory world of shadows.

The now affect-saturated, internalized object or emotional symbol is not only an archive of good emotional memories but also a repository of positive emotional supplies that the child draws, like emotional capital, to manage anxiety, regulate mood, affirm the self, and shore up esteem. This internalized object endowed with positive affective memory serves now to refuel the child psychologically, just as the physical, emotionally responsive mother refueled the child literally with her presence, words, and warmth. The child is now liberated from total dependence on the physical mother and increasingly relies on the psychological mother within. The inner psychological love-object is increasingly an unseen and relatively unchanging source of good. This capacity for emotional symbolization serves as the TOD during this period by its capacity to liberate the child from the literal (Fonagy & Target, 1998; Lieberman, 2000).

Concurrently, the independence-individuation strand of emotional development culminates in self-constancy. Corresponding to object constancy, self-constancy is not unlike a transformed reflective self. It is self-reflection saturated with emotion, derived and internalized in large part from the mirroring of the love-object. Self-constancy implies the organization of an internalized representation of the self with a relatively unchanging core and an emotional valence in which positive self-affirmation outweighs negation. The child now has a rudimentary capacity to mirror and refuel the self from within! The attainment of self-constancy is observed in

1. The development of a body image, implying that the child has an internal postural model and imagery representation of the body reflected behaviorally in a capacity for increasing motor planning at the level of procedural memory, tactile localization, and identification of body parts
2. The formation of a self-observing ego, implying that the child is able to recognize him- or herself in mirror images, photographs, and so forth and

produce a graphic representation of and make verbal reference to the self (assuming intact graphomotor and language skills) in the absence of a concrete self-referent (mirror image, photograph)

3. The development of self-esteem, implying that the internal self-representation is saturated with affect in which positive self-valuation outweighs negative self-valuation
4. The development of self-immutability, implying a growing awareness of relatively unchanging attributes of the self, such as species, gender, and identifying physical characteristics, and eventually more abstract and emotionally tinged attributes. At this age, the child recognizes that he or she is not likely to morph into a frog or become a person of the opposite sex.

With these two intra-psychic building blocks, object and self-constancy, in place, the child stands on the threshold of entry into an enriched psychological life of inner reality as well as an individuated life of social reality. With the inner possession of self and object, the child attains self-synchrony, a capacity for growing autonomous emotional refueling from within, and an emerging capacity for reflective interaction between the "I" and the "me." Thus, the child is liberated to a new level of self-sufficiency through emotional symbolism and thinking, freeing him or her to embark on living in the real world with greater autonomy and an evolving identity. A lifelong process of self-discovery and self-realization is initiated in which images of individuality and distinctiveness are formed and elaborated through relations with significant others. Not unlike a sculpture forming around an enduring support-giving armature, self and object constancy stands as the psychic armature around which inner identity is shaped, remodeled, and elaborated in authentic congruence with an unfolding individuated social self.

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CHAPTER 9

The Loss–Grief Cycle

Coming to Terms with the Birth of a Child with a Disability

Gilbert M. Foley

Life and loss are fickle friends. They are at times intimate, at other times aloof and shadowy, and at still other times, smashing, even mangling. Birth itself is the first human encounter with loss as the infant is thrust from its primal uterine home—contained, still, placid, and all-sustaining. With each successive breath, humans lose their life. The loss is so subtle and pervasive that the experience is subliminal, barely piercing the membrane of consciousness. Yet, other losses crash into consciousness, wreaking their own kind of havoc, annihilating one's confidence in even the most fundamental expectancies of everyday life. This chapter is concerned with just such a loss—the birth of child with a developmental disability.

The addition of a new child into the family system can be a marvelous and joyously anticipated event. On almost all counts, it is also a revolutionary event because it sets into motion a cascade of adjustments, accommodations, and adaptations at almost every level of daily, relational, and psychological life. Given a healthy child and adjusted parents, the necessary transformations are made, for the most part, as a matter of course, some more readily and others certainly with the effort of coping. However, the birth of a child with a disability presents a remarkably different scenario and signals a potential threat to the spirit as well as to the daily and future life of the parents. The losses, both tangible and psychological, not infrequently precipitate a reaction of grief.

This chapter is dedicated to the families, children, and staff who participated in The Family Centered Resource Project (Model/Demonstration 1975–1978; Outreach 1979–1987), funded by the United States Department of Education, then the Office of Special Education, Handicapped Children's Early Education Program (HCEEP), and the Pennsylvania Department of Education.

Enduring appreciation is also extended to Eula and Glen Boelke, founders of the Effective Parent Program in Grand Junction, Colorado, who not only contributed significantly to the development and dissemination of this work but also were courageous pioneers and tireless change agents, forging new channels of communication and collaboration among parents and professionals in the field of infant and early childhood intervention.

The loss–grief cycle (Foley, 1983, 1986) plots one course of themes and markers experienced by a group of parents in their adaptation to having an infant or toddler with a severe disability (see Figure 9.1). For clinicians, this model may serve as one point of reference to interpret behavior, suggest formulation, and guide a course of support and healing. Conceptually, the loss–grief construct has its roots in the paradigm of mourning associated with the birth of a child with a disability proposed by Solnit and Stark (1961). The formulation presented and elaborated on here is derived both from metapsychological theorizing and from data collected as part of a longitudinal clinical investigation that in the context of contemporary methods would most closely correspond to qualitative research.

THE FAMILIES AND THE WORK

Twenty-one families, all of whom had an infant or toddler with a diagnosed developmental disorder, were followed longitudinally for 2 years as part of a model/demonstration project funded by the U.S. Department of Education, Handicapped Children's Early Education Program (HCEEP). The aims of the Family-Centered Resource Project (1975–1978 demonstration cycle; 1979–1987 outreach cycle) were to develop, field-test, and validate an innovative model and method of intervention for young children with disabilities and their families that could be disseminated and replicated at other sites regionally and nationally. The project represented an inter-agency collaboration among The Pennsylvania Department of Education, The Berks County Intermediate Unit, The Berks County Easter Seals Society, and Albright College.

The 21 families who participated in the project were self-selected. They were predominantly Caucasian (90%), middle class, employed, and intact (86% married and living together). Forty-eight percent classified themselves as suburban, 19% as rural, and 33% as urban. One African American family and one family from the Philippines were also represented in the sample. One mother was widowed, one parent divorced, and another separated.

The children consisted of 14 boys and 7 girls with a mean age of 21 months at the time of enrollment but with an age range of 3 weeks to 46 months. Fifty-seven percent had a diagnosis of cerebral palsy, 19% had a diagnosis of seizure disorder, and another 19% had a diagnosis of a severe or profound developmental delay. One child had a diagnosis of Down syndrome and another had a diagnosis of autism. All of the children demonstrated significant developmental delays as measured on standardized instruments. Three of the children were the only child in their families, and eight were the first-born children in their families. Seven of the children had only one sibling, and three had eight or more siblings. One child was adopted. Nineteen of the families participated in the

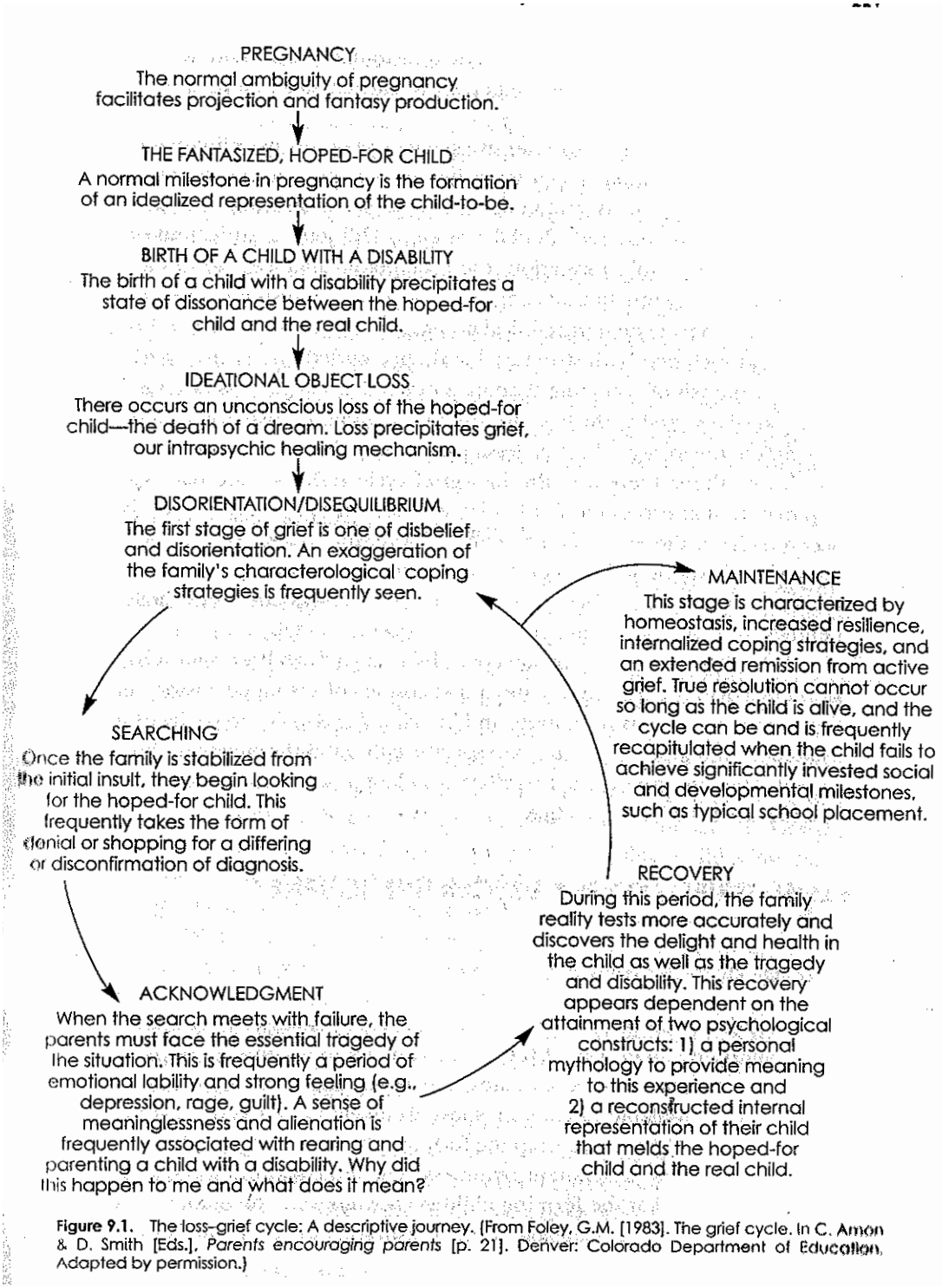

Figure 9.1. The loss–grief cycle: A descriptive journey. (From Foley, G.M. [1983]. The grief cycle. In C. Amon & D. Smith [Eds.], *Parents encouraging parents* [p. 21]. Denver: Colorado Department of Education. Adapted by permission.)

project for the full 24 months of the demonstration phase, and two families remained affiliated but were no longer active participants following the death of their children.

Families received comprehensive services in a transdisciplinary format that included two individual social work home visits per month, follow-up social work telephone contacts, and monthly parent group meetings. The social work services were task centered (Reid & Epstein, 1977), but careful attention was afforded to relationship formation, the therapeutic alliance, individual psychological and family functioning, and the processes of adjustment over time. Data were collected from ongoing clinical notes and interviews conducted three times yearly that included both structured and open-ended questions. An identification and analysis of recurring themes contained in the process notes and interview material served as the basis for the formulation of the markers and themes that define the loss–grief cycle. Sessions and interviews were conducted primarily with mothers; therefore, the loss–grief cycle reflects maternal experience and maternal interpretation of family reactions far more than it does firsthand accounts from the entire family. Furthermore, the loss–grief cycle is a reconstruction of experience that condenses a wide range of individual differences in the rate, procession, affect, and outcomes of families and individuals within families into an ordered and economical working model.

A family's reaction to the birth of a child with a disability can only be understood in a deeply personal way and in the context of the family history and configuration, personality formation, and individual and collective styles of tension reduction. Integral to all of this are specific cultural differences and influences as well. The loss–grief cycle, therefore, is at best a sketch to be used judiciously as a marker for clinical practice.

THE LOSS-GRIEF CYCLE: A DESCRIPTIVE JOURNEY

Dynamics of a Typical Pregnancy

Pregnancy is a fertile period psychologically as well as biologically. Over the course of gestation, the inner lives of the parents are apt to become more permeable. Memories, fantasies, emotional states, and associations that might otherwise be bound and unavailable to consciousness are likely to be freed. This material, stimulated by and projected onto the forming child, is the "grist" that woos parents into a state of attachment readiness. The anticipation, hope, and open-ended possibility that the forming child evokes motivate the family to face the tremendous adjustments ahead—some pleasurable, some a matter of sheer endurance.

Parents project the best that they are and the best they hope to become onto the unborn child. Thus, the unknown child serves as a perfect projective screen and a socially acceptable and adaptive object of healthy parental narcissism. As gestation unfolds, parents create an image of the "idealized child," which in many cases approximates the personal as well as collective ego ideal of the family. This new ideational love-object serves to mobilize motivation and affection for the real child to come.

Of course, parental projections are always mixed. Anxiety, fear, and negative self-images also form a part of the overall representation. But when the parents' self-esteem is realistic and positive and their own parental introjects are primarily good, positively colored projections are more than likely to outweigh negative ones. Moreover, the parental portrait of the unknown child may offer important clues to the parents' own history, wishes, fears, and possible adjustment to the birth and early parenting and attachment styles (see Chapter 8).

Reality and the Birthing Experience

Realities have a way of falling short of fantasies, even in an event as wondrous and miraculous as birth. The birthing experience and the newborn him- or herself may not quite match parental expectations—one possible psychological contribution to postpartum letdown. Yet, given a healthy child and adjusted parents, the disappointment is apt to be fleeting as accommodations are made and parity is achieved between the fantasy child and the real child.

The dissonance between the hoped for and the real is less readily resolved when the infant is born premature, ill, or with a physical anomaly or disability (Hughes, McCollum, Sheftel, & Sanchez, 1994). In this context, *birth* means both literal birth and figurative birth to include when an older child is identified with what heretofore may have been an invisible or only suspected disability. Although the birth of a child with a disability is a loss less total and less final than loss by death, it is nevertheless the violation of a hope and the death of a dream, no less real and perhaps no less painful (Moses, 1983). Such loss holds the potential to topple an individual's mental well-being, alter his or her established ways of operating, and challenge his or her worldview—that interrelated web of beliefs, values, ideas, and feelings that stand as a bulwark against the anxiety of the unknown (Gombosi, 1998).

In the hearts and minds of the parents, therefore, a wide gulf of ambiguity and anxiety is likely to form between the healthy, hoped-for child and the real child. The tangible loss of an intact child precipitates yet another invisible but no less real loss—the death of the hoped-for, idealized child. In reality, the loss is not a single incident of loss but over time a cascade of cumulative losses (Naseef, 1997; see also Bruce & Schultz, 2001).

Loss, in turn, precipitates grief. They are related phenomena as grief is the spontaneous and inherently healing response of the psychic system to loss, not unlike the way in which swelling and fever are physiological responses to infection. Although grief is more typically associated with death, and the children in this project were alive, parents were sometimes unclear about and unable to identify the psychic loss as a contributing source of their feelings or even to identify their reaction as grief. Availing themselves of the process of grieving proved healing for most parents, however, but to embrace grief was challenging because the process is painful and the reflexive response is to avoid pain even if it proves beneficial. As a result, helping parents to grieve in order to heal became a therapeutic aim. The progression of that grief broadly assumed the following form.

Disorientation/Disequilibrium

Only 20% of the participants were enrolled in the project at the period of initial identification; many of the data collected were retrospective. The initial reaction was reported to be one of disorientation and disequilibrium ranging from disbelief to shock and panic. One parent described herself as "shattered, thrown over." Some parents responded to the news with muted registration and numbness, needing to hear the same information over and over to be sure it was not all part of some bad dream. As in most stress reactions, variations on fight, flight, or freeze were manifest.

The central task of this initial period was regulation and reestablishment of homeostasis. It followed highly individualized patterns but appeared to be determined by the established coping styles of individuals within a family and the family system collectively. In other words, people rely on the methods of tension reduction and regulation that have worked for them in the past. These reactions tend to be intense and in proportion to the magnitude of the stressor (Moses, 1983).

Unless the patterns were psychotic or significantly destructive to self or others, no attempt was made to alter the parents' style during the course of providing service. The assumption in working with families during this period was that if the manifest patterns of self-regulation and coping had been successful in the past, they would be effective now. For the most part, this proved to be the case.

However, the intensity of feeling and reactivity were sometimes frightening and threatening to the integrity of both self and family, and feelings of "falling apart" or "spinning out of control" were reported. Psychological holding, containing, slowing down, thought stopping, delimiting projective "catastrophizing," and providing a safe and supportive ambiance in which to express the unthinkable all proved to be helpful strategies when employed judiciously and sensitively.

Searching

Once a relative emotional equilibrium had been reestablished, the searching phase commenced. Searching, described as the normal hallucinatory stage of grief by Bowlby (1980), has been graphically documented in cases of the death of a spouse. Surviving spouses reported both sightings of individuals with an uncanny resemblance to the deceased and hearing the footsteps of the deceased walking toward a place where pleasant moments had been shared. Such experiences were interpreted as unconsciously determined responses to searching for the lost persons and the feelings associated with the deceased. Searching of similar function, if not kind, was noted in the participant parents who sought after the spirit of the hoped-for, typical child never born—an often disappointing search but nonetheless a normal and necessary one in the healing process.

Searching took two broad but related forms with variations on theme. The first was strategic denial—not a denial of the existence of a problem but denial of the magnitude and intractability of the problem. If one could only see through the disability or its full spectrum, then the real child became the hoped-for child or at least a closer approximation and the loss was resolved or minimized. This coping mechanism short circuits or limits the intensity of the grief response at its inception.

The second related response was a searching for alternative opinions, sometimes literally taking the child from expert to expert with a latent wish that the diagnosis, its severity, or its natural history would be refuted. Searching tended to be buoyed by optimism, sometimes even colored with the urgency and zeal of a mission. It is an important interlude during which passive is turned to active and feelings of purpose and determination elevate the mood and restore hope, making searching absolutely essential for some parents to sustain the emotional endurance needed to persevere (Affleck & Tennen, 1991).

Not infrequently, practitioners are made anxious by this reaction (a countertransference response that may have more to do with the practitioner than the parent) and may abruptly and prematurely attempt to "awaken" parents to the seeming reality of their circumstance. Such interpretive efforts can weaken the parents' coping stamina over the long run. The need for parents to feel empowered and hopeful promotes normal and necessary relief and emotional refueling at this stage, which may enable them to face the challenges that are likely to lie ahead. It is important to note that such strategic denial is different from a pervasive and unyielding distortion of reality. If a coping strategy crystallizes into a fixed defensive position, then an adaptive adjustment is likely to be imperiled. But to shatter a beneficial, situation-specific coping effort abruptly or with undue harshness is apt to prove more harmful than helpful.

It is critical for practitioners to remain available to parents through this searching interlude to help them navigate what may be a precarious passage between searching and blind finding, between coping and defense, between hope and self-delusion. Parents may be supported to seek a second opinion, explore complementary interventions, or take a measured interval to "wait and see." The primary provider indeed plays an important role as ballast and leveler, serving as a reliable and trusted base of support, reflection, and guidance to parents as they gather new information in their search. As is generally true throughout the course of development, exploration and searching are best executed from a secure base. The risk of becoming tied to endless searching is amplified when parents have no trusted professional resource with whom to process and resolve conflicting opinions or think through difficult decisions and are forced to consult with yet another new professional (Turnbull, Turbiville, & Turnbull, 2000).

Often, transition to acknowledgement cannot begin with a sense of peace or confidence until the parents feel convinced they have exhausted their search. It is not unlike a person receiving a diagnosis of terminal illness needing to "leave no stone unturned" in the hope of revealing a diagnostic error or discovering an unorthodox cure.

Individual differences are wide ranging in the duration, breadth, and depth of searching that families feel compelled to do. Personality style, economic resources, social reference group, and educational status are all contributing factors. Nevertheless, staying with the family in a supportive, clarifying, and gently reality-testing role promotes a reasoned resolution of the searching phase.

Acknowledgment

Acknowledging their child's disability transitions families into the third period of the loss–grief cycle, which is often tinged with the coloring of a crisis in meaning (Park & Folkman, 1997). Now resigned to having a child with a disability, parents may see only his or her impairments, and feelings for the loss of the typical child are thrown into high relief. Suddenly, the social institution of parenthood with its methods, support network, prescriptions, and promised joy no longer seems to apply, threatening self-identity and traditional family roles. Attainment of even the most basic developmental milestones may no longer be reasonable expectations for their child but loom as accomplishments to be acquired only with great effort and requiring the expertise of professionals. Good-enough parenting alone is not likely to suffice. No longer "typical parents," personal aspirations and career goals may be jeopardized as well. One parent spoke of the "death of dreams."

The result may be feelings of helplessness and isolation. Many of the learned child-rearing prescriptions do not seem to apply to the child with a disability, so

there are few or no role models. Life may seem both tragic and absurd, and what once seemed predictable and assured dissolves into uncertainty and anxiety.

This was an arduous and often abject period in the loss–grief cycle. Parental feelings varied but were apt to be intense and traversed the range of anger, guilt, hopelessness, and/or fantasies of flight. Negative affects might be attributed to the child, spouse, institutions, or helpers. Anger might also be directed inward, contributing to dysphoria and depression. Obsessive thoughts intruded into conscious behavior, sometimes with the complexion of reaction formation. It was difficult for parents to derive a feeling of pleasure from their child who was perceived as "irreparably damaged" and reflective of their own hidden defects (Brazelton & Cramer, 1990). Therefore, apprehensions about institutionalization, wishing the child dead, and abandoning or even killing the child were among a range of reported feelings and fantasies (Gordon, Daniele, & Diller, 1992; Veisson, 2001).

One mother at this stage characterized herself thusly: "I feel like my child is a doll and I'm playing house." Despite enormous effort, the child did not measurably develop, change, or respond. The parenting experience therefore felt mechanical and make-believe in motion but as if in a dream, leading nowhere.

Therapeutic support, networking, guidance from other parents, and occasional respite care proved effective interventions at this time (Ireys, Chernoff, Stein, DeVet, & Silver, 2001). Expectations about parental involvement in the child's program were moderated to the parents' capacities and needs. An emphasis was placed on teaching to the child's strengths and helping parents to discover aspects of their child that were typical, functional, and related to their images of the hoped-for child. Assisting parents to sustain hope without illusion was a challenging task for all members of the team.

Although this period had a decidedly dark cast, for the most part, families did recover, facilitated by the accomplishment of two psychological tasks: 1) the development of a personal mythology and 2) a reconstruction of the inner representation of the child.

Development of a Personal Mythology

The development of a personal mythology implies the construction of a belief system and coherent narrative that makes personal sense out of the seemingly tragic senselessness of having a child with a disability. This invention takes many forms; however, the more the mythology was rooted in insight and reality, the greater its healing power. Conversely, those mythologies rooted in magical thinking quickly eroded into chaos and formlessness.

Rollo May (1959) suggested, "Symbols are specific acts or figures . . . while myths develop and elaborate these symbols into a story. They are man's way of giving his life, his self-image, and his relations to the world of his fellow men

and of nature" (p. 34). In other words, myths convey intensified personal truths and contain a synthesized inner and outer reality wrapped in a fiction. Symbols and myths together "enable the person to experience greater reality in the outside world" (May, 1959, p. 45).

In part, the formation of a personal myth was motivated by a need to answer (at least indirectly) the question, "Why?" The will to construct a personal mythology may be a function of the mutative forces of grief itself, which tested the limits of many of the families' existing belief systems to the point of fracture, demanding a deconstruction and reformulation of their story and beliefs along personal lines. The formation of this mythology tended broadly to follow a developmental progression as outlined in Figure 9.2.

It was not unusual for feelings of punishment and guilt to emerge early and to recur often in the reflection and myth-forging journey of families. To feel that having a child with a disability was retribution for some misdeed is not inconsistent with a Western Judeo-Christian ethic that is strongly tinged with the notion that "the wages of sin are death." Therefore, it was not unusual for parents to report searching for their "sins" and, in a sense, making a case for the punishment–guilt explanation. Ironically, to subscribe to that view is to validate the experience in their own minds and make it somehow logical, orderly, and, in an obtuse way, within human control by ascribing a self-inflicting cause. Mothers in particular tended to examine their own pregnancies in excruciating detail, trying to pinpoint events or behaviors that might answer the "why" question. Punishment–guilt is a natural and common starting point, but if families remain there, it is ultimately self-defeating.

A second position in the development of a personal mythology was projective assignment of blame. Families may attribute the cause to an obstetrical error, environmental pollutants, an undisclosed genetic defect in a mate's family, and so forth. In some rare cases, a single identifiable external event may be contributory, even causal. Regardless, this transition to seeking an external cause represents a step away from self-punishment toward what is more consistent with mental health. However, agencies and practitioners may be among the objects of a family's projections and so reliability, continuity, and a capacity to contain the projections of the family are important aspects of the work during this period. Conversely, termination, ambivalence, or defensive reactions on the part of practitioners may communicate to parents that they are damaging and may serve to affirm deeply held dread that they may have in some way actually damaged their own child and that they themselves also are defective in some hidden way (Brazelton & Cramer, 1990).

Projection was apt to give way to "undoing." Not unlike the Kübler-Ross (1969) concept of bargaining, undoing suggests some hope that the problem can and will be reversed or undone by acts of reparation. Family members may throw

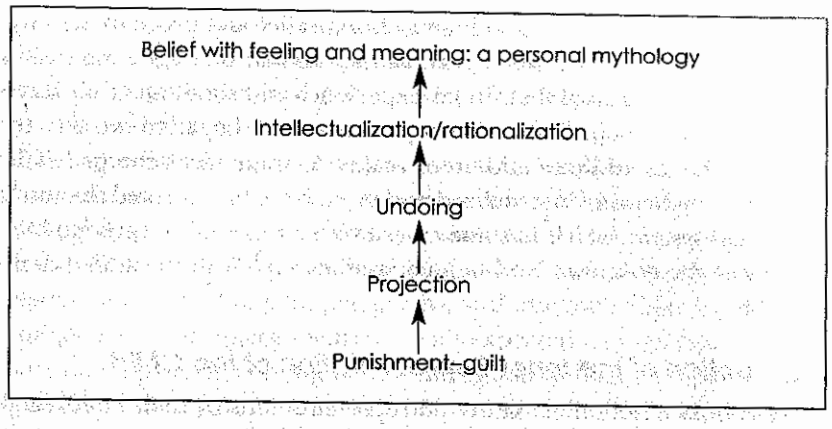

Figure 9.2. The developmental progression toward the formation of a personal mythology.

themselves into working with the child, volunteering time to the infant program, or raising funds. These may be good causes, indeed, but may be less than altruistic and harbor a covert wish that good work would be rewarded with a spontaneous remission of the disorder. Families are often vulnerable at this time to causes and treatments that may hold out promises that range from merely unrealistic to quite preposterous depending on their degree of pain and desperation.

The emergence of intellectualization and rationalization may suggest that the family is searching for and trying on ideas and beliefs that may impart explanation and meaning and bind anxiety. Potential beliefs are tested and examined against reality. In some families, this took the form of a renewed and vigorous search—not to refute the diagnosis but to find the cause. Pinpointing a specific virus or a genetic defect or simply having a plausible causal hypothesis gave some families a realistic object to blame, a feeling of control through understanding, and was consistent with their style of intellectual problem solving. It also may provide some families with a sense of closure and add another piece to the nagging puzzle of why the event happened at all. However, even with a causal hypothesis, families were still plagued with the question, "What does this child mean for my life and my family?" The will to question is useful because it urges families to press toward personal meaning and experiment with forging a coherent narrative.

As families reflect and self-observe how this event has had an impact on them, they are likely to explore, examine, and experiment with ideas in search of a personally meaningful organizing theme. Some families may turn to traditional religious belief systems or ancient or contemporary forms of spirituality. Others examine how the event has transformed, empowered, or motivated them.

Some of these notions will fail to bring relief and prove to be only experiments—rationalizations and intellectualizations that are fragile and easily shaken. But as families pursued their inner experience and simultaneously stayed open to the pleasures their children brought them, some began to extract a truth that met with the test of inner and outer reality. As these ideas charged with feeling and meaning became internalized and organized, they formed the nucleus of a new belief system, which in some cases offered renewed purpose to life, bound anxiety of the unknown, and helped families cope with the added demands of daily life.

Reconstruction of the Inner Representation of the Child

Parents hold emotionally saturated representations of their children that embody who these offspring are, who the parents wish they were, and who they might become. When a relative congruence prevails between representations and realities, a greater experience of harmony and authenticity of feeling and relating are likely. With great disparity, feelings may be tinged with dissonance, disappointment, and loss. The second trend to emerge from the data, therefore, suggested that families recovered more robustly as they found some of the hoped-for child in the real child, effecting greater parity between the inner representation of their child and the real child. This congruence helped family members sustain an attachment, find greater pleasure in their child, and "separate from a significant lost dream" (Moses, 1983, p. 13).

The early-formed representation of the hoped-for child, however, is apt to persist, certainly through the early life of the real child. In fact, the disparity between representation and reality may be of great magnitude, exacerbated by interaction with the real child, an ever-present and evocative reminder of what has been lost. One parent said, "Every time I look at my child, I see in my mind's eye the child I was supposed to have, and the pain is stabbing." This does not necessarily place parents in a state of chronic sorrow (Olshansky, 1962) but in a position of persistent loss.

Even in reasonably adjusted families, the disparity had some tendency to take on the quality of splitting: the hoped-for child being invested with the good, the whole, and the healthy—the real child invested with the bad, the deficient, and the sick. Such splitting only intensifies the pain families experience when interacting with their real child, a vicious cycle that prolongs the acute grief of the acknowledgment phase.

Practitioners can facilitate the family's psychological task of reconstructing the inner representation of their child, still strongly tinged with the fantasies of the idealized child, by aiding them in discerning and integrating aspects of the real with the wished-for child, effecting a compromise position that narrows and eventually ameliorates the split. This process of reframing and reshaping the inner landscape appeared in part, of course, to be a function of time but also of

attachment to the real child and a function as well of the grief work itself by which the fantasies and hopes associated with the idealized child are divested and reinvested with associations and positive emotions allied to the real child (Freud, 1957). Acknowledgment becomes acceptance.

Like an artist who physically moves toward and away from his or her work-in-formation as a means of gaining perspective, judging, discerning, and reforming, parents also redefine, reshape, and reconstruct the representation of their own child by psychologically moving toward and away from the real and representational child to gain perspective and integrate objectivity and reflective subjectivity. This dance seems to be an expected and necessary part of the reconstructive process, although the seeming ambivalence it engenders may be disquieting both to parents and their helpers alike. Practitioners, regardless of discipline, need not only tolerate this equivocation but actually use it to help parents in their reformulation, rediscovery, and reinvention of the representation of their child as they move toward recovery.

Recovery

The mastery of these two preceding psychological tasks tended to usher families into a period of recovery hallmarked by the following:

- A diminution of intrusive thoughts and projective "catastrophizing"
- A lifting of affective numbing and leveling of mood
- A more balanced and realistic appraisal of the child as an individual who possesses both strengths and impairments
- A greater inclusion of the child into the family as a participating member
- A greater comfort in being seen with the child in public
- An increased taking of pleasure in the child
- A more discerning ability to read the child's cues combined with a greater confidence in the family's ability to sustain the life and promote the development of the child
- A greater involvement in the child's intervention with a more realistic appraisal of its aims and outcomes
- An increased capacity to participate in and cope with the demands of daily life
- A greater subjective experience of acceptance and general feeling of well-being

Not every family responded similarly or with like robustness, but a weight in the direction of these markers represented a general trend toward recovery.

Maintenance

As recovery extended over a period of at least 6 months, families were considered to have sustained an extended remission from grief and entered into what is called *maintenance,* suggesting that chronic sorrow need not be an ongoing reality. The maintenance period was marked by the child's movement from the center of the family system to a more appropriate place in the family dynamics. Families were then able to encourage greater independence for the child and to assume greater independence for themselves, returning to activities outside of the home, returning to work, pursuing an ambition put on "hold," reestablishing friendships, or adding another child to the family. Much credit goes to the families and the practitioners in the project because the families that entered intact sustained no separations or divorces.

The term *maintenance* was chosen because as long as the child is alive and has a disability, his or her presence precludes the kind of closure or resolution that might be experienced in the case of death. Periods of active grieving are likely to recur, especially at times of institutional transition for the child as from early intervention to preschool and then to school. Such transitions tend to reemphasize the discrepancy between where the child is developmentally and where the child might have been. Reexperiencing the loss reignites the grief.

Although the families were not followed in a formal way beyond the demonstration phase of the project, informal anecdotal data suggested that by walking families through the early cycle of grief in a supportive and therapeutic way, they were likely to internalize coping strategies and adaptive mechanisms that served them well when they reencountered loss and grief.

CONSIDERATIONS

Although the methodology of this study lacked the control and rigor to presume a certitude or generalizability that might be inferred from more traditional research methodology, the clinical and qualitative information learned from following families over time was deeply personal. The following conclusions may be useful to other practitioners, program developers, and policy makers.

1. Having a child with a disability is stressful, and to react to that stress emotionally is neither unusual nor abnormal. Therefore, grieving and the mechanisms of coping and adjustment, although related to mental health, do not in and of themselves constitute a mental disorder.
2. The adjustment needs of the family cannot be separated from the developmental needs of the child with a disability. Mental health cannot be split off from early intervention, which suggests the need for greater integration in service delivery and professional preparation.

3. Although this chapter has emphasized the intrapsychic dimensions of adjustment, the demands of daily life for families are enormous and constant. Having practitioners in and out of the home in some cases almost continuously is exceedingly disruptive to family life. Simply navigating the system and scheduling appointments can be a full-time job for the parents. Families, therefore, need concrete services and physical help in many areas, which should not be underestimated or discounted.
4. Providing families with a reliably consistent practitioner to guide them through the agency maze, to respond to their questions, to help with paperwork, and to advocate for them is a critically valuable service.
5. Periods of transition are vulnerable times for families. Agencies and schools would do well to anticipate this by providing added support to families at these crossroads. Not only is this a matter of best practice and in the best interest of families but also it may reduce the adversarial tensions that are not unusual during these interludes, decreasing the risk of possibly rupturing a working alliance.
6. In years past, medical and mental health practitioners typically advised parents not to even take the infant with a disability home from the hospital. This effort to spare families the pain of grief was misguided. They grieved nonetheless. Today, the pendulum has swung so far that parents who conclude that rearing a child with a disability is not a possibility have fewer options and are apt to be stigmatized by the parent and professional communities alike. There is no one right way for parents to respond, and therefore they must be afforded a wider range of resources with regard to alternative but equally sensitive and high-quality care of their child with a disability.
7. A significant loss precipitates two major reactions: emotional pain and cognitive bewilderment. Grieving facilitates healing by pushing families to the limit of their feelings and beliefs and presses them to engage in a process of emotional and cognitive reflection and deconstruction. Thus, families reconstruct their beliefs and formulate a personal mythology to make sense out of a seemingly senseless loss. Although this process does not eradicate the pain, it may help families to cope more efficiently by more effectively binding anxiety. It is worth reiterating that the process of grieving is inherently healing; yet, it can challenge and test families to their limits. Grieving forces them to open up to new possibilities in a way that is both frightening and painful: frightening because new possibilities imply uncharted territory and painful because families often relive old pain to create new beliefs.
8. Grieving occurs individually and collectively within families. Individual family members and families as a whole exhibit a wide range of styles, means of

expression, and timetables, some congruent and some conflicting, which make it a very complex process. Working with the whole family system is critical (Brookes-Gunn, Berlin, & Filigni, 2000)—an aim recognized and attempted but not well realized in the Family Centered Resource Project. Considerable research points to the importance of attending to gender differences in patterns of reacting and coping with a child with a disability (Bailey, Blasco, & Simeonsson, 1992; Beckman, 1991; Crowley & Taylor, 1994; Kaplan, Crawford, Fisher, & Dewey, 1998).

9. The grief cycle presented here is essentially task centered as opposed to affect centered. Although the data suggested that a wide range of affects could be expected at varying times, there did not appear to be affect-specific stages. As a task-centered model, therefore, mastery of stage-specific psychological tasks appeared to be catalytic in recovery, including binding anxiety, activating movement through the cycle, and regulating disturbing affects. Specifically, the task of the disorientation/disequilibrium phase is regulation-homeostasis, that of searching, refueling, and acknowledgment–forming a personal mythology and reconstructing the inner representation of the child; recovery–acceptance; and maintenance–coping.

10. Grief takes many forms; with no single path, sequence, or set of "normal" feelings. Bonanno's findings (2004) suggested that many people are remarkably resilient and display only minor and transient disruptions in response to trauma. Empirical findings reviewed in the same article challenge the validity of the grief construct and grief work as an effective model of intervention for trauma. Ideally, this chapter will stimulate further research into loss and grief as a function of humanity and the validity of the loss–grief model as a construct and method to help families adjust to the birth of a child with a disability.

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