



Seeing Through Babies' Eyes- receiving distress in the day nursery

Paper written by Debbie Brace, Early Language Consultant, 'Baby Talk and Play'
<https://www.babytalkandplay.co.uk> Debbie is a professional member of AIMH (UK)

Distress and comfort interactions are part and parcel of every day interactions in the baby room of a day nursery but the way babies' are seen and understood to communicate distress and the way adults are observed to respond varies enormously.

This is important because these interactions are known to have a profound effect on emotional development and need to be thought about carefully as nurseries begin to re open and babies are reunited and resettled with their carers following months in lockdown. Some unsettled behaviour is to be expected from everyone.

Communications of distress

The *process* of receiving a young child's distress communication sounds straightforward but is actually a psychologically complex exchange and can be hugely challenging and understandably overwhelming for parents and practitioners alike. Receiving a child's unhappiness means noticing and allowing difficult feelings to be expressed, thinking about them, trying to make sense of them before giving them back to the child in a more emotionally manageable form. In a busy baby room, receiving young children's distress can be a noisy, messy, uncomfortable and draining process that without appropriate training and support is likely to be avoided.

As a trainer for the London borough of Hounslow's Let's Talk Together programme, which aims to develop the quality of adult-child interaction and improve children's communication skills, I became increasingly aware of practitioners very understandable tendency to avoid difficult interactions which involved receiving children's distress.

'They are settling' was a phrase I often heard to describe babies' looking anxious, not taking part in activities or crying out for parents. That is not to say they left the children alone, rather that they worked very hard to distract them from being upset.

Since studying for a Master's degree in 'work with infants and the early years using a psychoanalytic and observational approach' at the Tavistock Clinic, I have tried to promote an open and honest way of noticing and commenting on children's emotional communications and this is having a big impact on the emotional quality of adult-child interactions.

The approach uses the phrases 'Watch, Wait and Listen' and 'Say What You See' to help practitioners to slow down, see through the babies eyes and use words to acknowledge how the child might be feeling. Before the training practitioners said that they had felt uncomfortable talking about and naming difficult feelings of distress when a child was clearly missing their parent as they felt it would *'make it worse'*.

What does this look like practice?

Whimpering, Sonita (18m) approaches her Key Person, Kate, who stretches an arm out to her. She looks enquiringly saying *'Sonita, I can see you are upset'* She then pauses and Sonita leans inside Kate's open arm to stand close nodding and crying. *'You have not been here for a long time (pause) it's hard to come back isn't it. (pause) You have been at home with mummy. (pause)*

Sonita continues to whimper her lip quivering, mouth turned down. Kate holds her round the waist and there is a pause of about 5 seconds before Kate says gently: *'I wonder if you might be missing mummy?'* Sonita begins to sob. *'You are missing mummy- would you like a cuddle while you think about mummy?'* asks Kate.

Sonita nods and climbs into Kate's lap. Kate rubs her back before suggesting they might find Sonita's photo of her mummy which is laminated on a leaf shape and attached to a big family tree display. Kate and Sonita move over to the tree and Sonita is invited to find her mummy which she does by pulling the velcro tabbed leaf shape off the wall, holding it close for some moments before turning to Kate to say a tearful, *'Mummy'*. *'Perhaps you can hold onto mummy whilst we find a book to share together?'* Suggests Kate.

Sonita nods and after another pause, follows Kate to the book area.

Containment

This type of attuned exchange is described as '*containment*' by psychoanalyst Wilfred Bion (1962). – a helpful word because it helps us to think of something needing to be held or contained in order for it not to spill out everywhere. When a child's difficult feelings of distress begin to overflow, the repeated psychological process of '*containment*' – in which a trusted adult makes an effort to understand them and think about what might be feeling- is hugely comforting.

In the observation above, The adult;

- received and named Sonita's feelings.
- acknowledged Sonita's pain at missing her mummy.
- gave Sonita time to process and express her feelings.
- let Sonita know through verbal and non-verbal responses that it is ok for her to feel these difficult feelings and that Kate is able to help her to manage them.
- gives Sonita an implicit message that the bad feeling will eventually pass and good feeling will come again as they share a book together.

When interactive exchanges like this happen repeatedly within a trusting relationship, the child internalises the experience. This means they will be more likely to be able to notice, express and manage their own difficult feelings in the future.

Having a full repertoire of emotions, including distress '*received*' by the primary attachment figure (usually the mother or father) is therefore one of the keys to developing good mental health and the development of what psychologists call self-regulatory capacity or resilience. Suzanne Zeedyk describes this process as building '*an internal teddy bear*' (2020) because we all know that you can turn to a teddy bear for a comforting cuddle in a time of need. However, not everyone though has had the good fortune to be in a trusting relationship, making the role of staff in supporting babies' emotional development all the more important.

Avoiding Distress

Adults might begin to feel overwhelmed by children who appear unhappy and react by distracting them from it, hurrying or jollying them along seeing crying and upset as somehow a failure in their skills. *'Don't cry.... don't upset yourself.....there is no need for tears, let's go and find something exciting to do'* The script might change but the message to the children is clear. Distress is something to be avoided or kept out of sight.

The adult's wish to avoid thinking about and responding to the child's distress is certainly not intentionally unhelpful. Rather it is because it is usually an *unconscious* defensive mental process; the adult doesn't realise they are avoiding the child's feelings.

How we have been responded to as a child or baby when we felt frightened will likely influence our ability to make space in our own mind when responding to our children or the children we work with. This is an uncomfortable fact and one which organisations such as the Association for Infant Mental Health UK, AIMH (UK) work hard to address by raising awareness of the importance of supporting the earliest relationships between babies and their care-givers to encourage good mental health in later life.

Important research (Elfer and Dearnley, 2007) has shown that by creating space and time in the setting for practitioners to talk about the difficulties of the emotional task of caring for children and the way it can get under their skin, is an important step towards them being able to receive the children's communications of distress. If unconscious responses are helped to become more conscious with good supervision and staff meetings, then difficult feelings can be thought about and reflected upon meaning change in habitual ways of responding becomes possible.

We know that if a child's fears or worries *are* repeatedly avoided or worse - ignored altogether, they may go on to struggle with self -regulation as they grow up. Children who have been responded to inconsistently with mis-attuned responses during their moments of upset can be confused about how to seek comfort when they are stressed or distressed in the future and will have to find alternative external ways to manage their difficult feelings.

Implications

Where distress hasn't been psychologically 'received', then a child may display their feelings of vulnerability in anger or cut off from their feelings by being excessively busy – for example; moving, jumping and racing about with endless but mindless activity, talking incessantly so that there is no space for thinking or engaging in risky or precarious play. Later in life they may resort to unhelpful self-regulation strategies relying on alcohol or drugs, comfort eating food or playing the clown to cut off from the reality of their vulnerable feelings.

This Matters

The positive and emotionally settling impact of emotionally connected early interactions on language and mental health outcomes cannot be overstated, and needs to be addressed in early years practice as we return to a new kind of normality in the midst of a global pandemic. Practitioners who work in settings where they can talk openly about how they feel and how they respond to children are better equipped to have emotionally containing interactions with children. This feels more pressing than ever before. After all, a child in distress is not a failure in care. Failing to allow a child to express themselves is.

Elfer, P, and Dearnley, K (2007) 'Nurseries and emotional well-being: evaluating an emotionally containing model of professional development', *An International Journal of Research and Development*, 27(3),pp.267-279.

Zeedyk, S.(2020) *Sabre Tooth Tigers and Teddy Bears: the connected baby guide to attachment*. Dundee: Suzanne Zeedyk Ltd.