Promoting positive parent-infant relationships

From psychoanalysis to neuroscience and infant mental health, research evidence points to the powerful influence of a baby’s early relationships on their social, emotional and cognitive development, explains Annie Raff, NCT Research and Evaluation Officer

The importance of early relationships

The eminent psychoanalyst and paediatrician Donald Winnicott wrote, “There is no such thing as a baby... There is only a baby and someone”.¹ His point was that in the early years of life, an infant’s very existence is dependent on others, particularly the primary caregiver. This stark statement sums up what we know about early child development: a baby’s early interactions with others, particularly the primary caregiver, are crucial not only for physical survival but also for developing a sense of self, and mastery of the world around them. These factors are central to laying the foundations for future social and emotional development. This article delves into the
evidence around early child development in the context of the parent-infant relationship, touching on emerging concepts and areas of research including infant mental health and neuroscience.

A brief history of research on early child development

Since Winnicott’s insights in the 1950s and 1960s, researchers have studied why the early years of life are so crucial for development and the influence of relationships with caregivers. Winnicott himself came from the psychoanalytic tradition, building on the ideas of Freud. This is also one of the disciplines that informed the development of attachment theory by John Bowlby and later Mary Ainsworth. In the latter half of the 20th century, psychoanalysis gave way to cognitive theories, with two key figures, Piaget and Vygotsky, looking at how children develop an understanding of the world around them, and how this development is fostered through relationships. In the past 20 years, advances in brain imaging technology and neuroscience have allowed researchers to examine early brain development, adding an extra layer of understanding to early child development and parent-infant relationships.

A new language for early child development

The increasing focus on neuroscience, particularly brain development, in the early years of life, has led to the emergence of the concept of the ‘first 1000 days’. The main message behind this phrase is that the brain development that happens in the first 1000 days (from conception to age two) is crucial in forming the foundations of cognitive and emotional development in later life. This does not mean that outcomes are completely fixed by experiences in the first two years; babies exposed to difficult environments are not destined to fail, but it may well be harder for them to thrive if their early brain development is impacted by severe emotional, physical or social stressors.

The term ‘infant mental health’ is being used more and more. Unlike adult mental health, infant mental health does not refer to disorders such as depression, anxiety or PTSD, although poor infant mental health may lead to these outcomes later on. ‘Infant mental health’ more commonly refers to mental health in the positive sense, in terms of a baby maintaining optimal emotional and psychological development. It is intrinsically linked to the quality of the relationship between infant and caregiver; the two are almost one and the same.

The building blocks of infant mental health

So what does ‘good’ infant mental health or a ‘positive’ parent-infant relationship look like?

Secure attachment is often considered the gold standard of infant mental health and the marker of a positive parent-infant relationship (for a great summary of attachment theory see Helen Hans’ recent research overview). A securely attached infant is able to explore the world in the knowledge that they have a secure base to return to in their primary caregiver and other important adults – they know that someone is there to protect and
support them in their exploration. Insecurely attached children are either overly needy or avoidant of their parent, whilst disorganised attachment is a mixture of the two, often due to unpredictable parenting which makes the infant unsure of the reliability of the support they might need. It is important to note that insecure and disorganised attachments are not ‘wrong’; they are the best adaptation a child can make to the emotional environment of their family. However, they mark areas of vulnerability to stress that might be a disadvantage later in life.

Whilst attachment provides a useful framework for thinking about relationships, it is far from the whole story. Research is increasingly examining the quality of moment to moment interactions, which are considered to be a good indicator of parent-infant relationships and infant mental health.

Positive interactions are characterised by responsive, sensitive parents who notice baby’s cues and engage in ‘serve and return’ interactions, a bit like a conversational dance. This is often referred to as ‘attuned’ interaction, and it appears that the ‘feel good’ hormone, oxytocin, is released during these periods of connectedness. Attachment and attunement are highly interconnected and research is increasingly looking at the links between the two.

**What promotes positive infant mental health?**

If, broadly speaking, a positive parent-infant relationship is characterised by secure attachment and attuned interaction, what are the factors that make these things more or less likely?

Before exploring these in further detail, it is worth briefly mentioning the Social Ecological Model of child development. This is a theory that looks at a child’s development in the context of the relationships in multiple ‘layers’ of their environment (see Figure 1). Although the relationship between parent and child is central, it exists in the wider context of families and societies, all of which can affect the parent-infant relationship and infant mental health.

**Figure 1: The Social-Ecological Model can help us understand the factors that affect infant mental health**

![Social-Ecological Model Diagram]
Factors that can threaten or promote a positive parent-infant relationship are often present from before birth.

What factors can promote and threaten a positive relationship?

Research has looked at attachment security and quality of interactions to assess what the correlates might be. It is important to note, however, that just because something is identified as a ‘risk factor’ for insecure attachment, it is not inevitable that a child will develop an insecure attachment style. For example, it is wholly possible for a parent to have mental health problems but have a securely attached child. This is more likely if there are other ‘buffers’ such as wider social support and other available caregivers.

The factors associated with a positive parent-infant relationship include a parent who has a secure attachment style; parents with higher reflective functioning/mind mindedness (the ability to see the baby as a person with a mind of their own); and wider social support from family and friends. Conversely, it may be difficult for a positive parent-infant relationship to develop if a parent has an insecure or disorganised attachment style, which may be linked to past experience of maltreatment or inadequate caregiving. Other factors that may threaten the quality of the relationship include mental health problems, domestic violence, substance misuse, and lack of social support or isolation. These risk factors often co-occur.

Services and interventions to improve the parent-infant relationship

“‘The client is the relationship’ is a remark often made in the context of parent-infant psychotherapy (see Working with Parents articles by Deborah James, Ailsa Lamont and Jinny Sumner), and applies to most interventions that seek to improve the parent-child relationship. Rather than working with the parent or the baby, or even both, these interventions are working with the interaction and emotional overlap between the two, as though the relationship itself is the person of interest.

Parent-infant psychotherapy is one of many interventions used to try to improve the relationship between parent and infant. The Early Intervention Foundation, an independent research and policy organisation that advises central government and local commissioners on evidence around children and families, published the report *Foundations for life: what works to improve parent child interaction in the early years*. This examined the effectiveness of interventions for improving parent-child interactions in children under the age of five.

The report divided interventions into three broad categories according to their main outcome: Attachment, Behaviour, and Cognitive development (though many programmes address more than one). It also divided programmes by level of intervention, from universal application to specialist target groups. It assessed each intervention using criteria related to the level of evidence upon which the intervention was based and assigned a rating accordingly. Cost effectiveness was also rated. Those with ‘lower’ ratings are not necessarily less effective or less worthwhile interventions; they may be relatively new or not have had the resources to conduct rigorous evaluation. Two interventions that may be of particular interest to NCT practitioners are Family Foundations [http://famfound.net/about-us/](http://famfound.net/about-us/) and Baby Steps [http://bit.ly/2mojNf8](http://bit.ly/2mojNf8).
Conclusion
Research on infant brain development and the importance of the first two years of a baby’s life reaffirms the importance of the work that NCT does to support parents. It is important to remember that whilst parents have a unique opportunity to help build foundations for their baby’s development, they should not be made to feel overburdened or guilty, especially if there are factors outside of their control that may make it harder for them to form a secure attachment or enjoy attuned interactions. Support for families does exist and can be signposted to. It is also important to bear in mind that the research around infant mental health and parent infant relationships does not mean that parents need to do anything special or different to help their baby to thrive; the things many parents do automatically in their interactions with their babies, such as being responsive, making eye contact, cuddling, all help to build good infant mental health and a positive parent-infant relationship.

Interventions to promote positive parent-infant relationships

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<th>Universal</th>
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<td>NCT Early Days courses</td>
<td>Video Interaction Guidance</td>
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<td>Solihull approach</td>
<td>Parent-infant psychotherapy</td>
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How can practitioners use the evidence on parent-infant relationships?

Anna Hammond, NCT Practitioner and tutor

All practitioners can support parents to provide the attuned care that babies need to thrive.

Antenatal practitioners will know that bonding begins before birth, and can support parents to think about how they will relate to their baby and even imagine them as a person. By discussing the needs of the newborn, parents can begin to picture themselves giving responsive, attuned care. It is important also to be aware that factors that can threaten or promote a positive parent-infant relationship are often present from before birth e.g. social support, mental health problems, past or present abuse. Practitioners may want to signpost parents to relevant services if appropriate.

Postnatal practitioners can reduce anxiety in mothers by encouraging them to share their feelings. By acknowledging some of the pressures that new parents may feel, they can improve the chances of the whole family having a good start. Postnatal practitioners can build resilience in new mothers, improve their confidence and help them to create supportive, affirming networks. By gently introducing some of the information about the neuroscience behind infant mental health, we can affirm their experiences and support them to be the parent they want to be. In some circumstances,
Key messages

– Research on infant brain development shows that the first two years are an important period for a child’s future social, emotional and cognitive development

– These skills are largely developed through interaction with others, particularly primary caregivers

– This does not mean that things are set in stone in the first 1000 days but for babies who have a difficult start it may be harder to thrive

– A positive relationship between parent and baby is characterised by a secure attachment and attuned interactions

– Not all parents and babies will enjoy secure attachment or attuned interactions, for various reasons, some outside of parents’ control

– It is important not to make parents feel guilty if they are struggling but to empower them and model sensitive, responsive interactions

– There are different support options available for parents and infants, from universal to targeted programmes, which aim to improve the relationship.
With thanks to Beckie Lang and Robin Balbernie for their input.

References


Further resources

PIPUK http://www.pipuk.org.uk/
Association for Infant Mental Health http://www.aimh.org.uk/
The 1001 critical days manifesto http://www.1001criticaldays.co.uk/
Center on the Developing Child, Harvard University http://developingchild.harvard.edu/
Babies in Mind: Why the Parent’s Mind Matters, a free online course from the University of Warwick https://www.futurelearn.com/courses/babies-in-mind
Infant mental health online training, from the University of Warwick http://www2.warwick.ac.uk/fac/med/study/cpd/cpd/imhol/
Zero to Three https://www.zerotothree.org/


