Helping the Helpers: Consultation to ChildCare Staff Using Psychoanalytically Informed Developmental Concepts

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This article reports on a consultation project with the early childhood staff at Little Sisters of the

Assumption (LSA) Health Center in East Harlem, New York City. LSA serves immigrant families, especially Mexican mothers and toddlers, currently unable to return to Mexico to visit those left behind, i.e., children, parents, etc. Because of their status, they cannot return to the United States if they leave.

The project had a dual purpose: to heighten staff members' observational skills and their ability to elicit accurate developmental information, so that they could use psychodynamic principles to design interventions that increase mother's reflective functioning in relation to her child. With mother being more mindful, most of the children were able to resume age-appropriate development. Once capable of sensitively observing these families, the staff's ability to conceptualize the mother–child dynamic markedly improved. Mothers, toddlers, and staff members benefited.

The project described in this article found a welcoming and accommodating home at the Little Sisters of the Assumption (LSA) Family

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Health Service, because LSA has always given top priority to helping the children of immigrant families. Our shared focus is the awareness of the long-term, enduring significance of the early mother–child relationship and its consequences. The LSA is a nonprofit community-based organization in East Harlem, New York City. From its inception in 1958, LSA has offered a range of home-based and center-based services to the changing immigrant population that passed through the neighborhood on its way to other parts of New York. Included in the basic survival services that LSA offers are food, clothing, medical services, at-home nursing, social work, English classes, sewing classes, computer classes, parent groups, and an extraordinary toddler nursery, which is described in this article.

In the1960s, the East Harlem population was mostly Black and Puerto Rican. The critical problems facing those mothers and babies were, as now, poverty and the stressors that adversity brings. In an effort to mitigate these problems, in those early days, nurses went to the apartments of those very poor Black and Puerto Rican families, treating their illnesses and, at the same time, encouraging mothers to play with their children.

By the early 1980s, the population of East Harlem had become predominantly Mexican. And at the time I started in 2006, LSA provided a diversity of services and classes to 280 adults and 205 children, offering English as a second language, Spanish as a second language for Mixteco Indian mothers, and computer classes. These classes represent a way out of poverty and, through the eyes of many of the mothers, the path to the realization of the American dream. Most of these families have come to America at great risk to escape extreme poverty and ensure a better life for themselves and their children, particularly the unborn children, who will be citizens, unlike their parents, who live with the specter of being discovered and deported.

For impoverished parents new to America and New York, living in an often hostile envi- ronment, immobilized by not having legitimate papers, and frequently frightened, providing adequate levels of respon-

siveness to their young children is a daunting task. Depression, particularly in mothers, has become a major problem, and a tremendous challenge to the helpers at the institutions committed to helping immigrant families. Providing essential and effective early intervention that may have consequences for several generations is the challenge that the LSA Health Center has taken on for many years.

Economic hardship can have dire consequences for parental conflict, maternal health, and child development. In fact, developmental problems are more than twice as common in some impoverished communities than in middle income neighborhoods. Multiple, cumulative risks have a greater than additive effect on prenatal outcome. Poor parents are frequently the least likely to participate in the medical resources that the system provides or to have easy access to supportive educational programs. Under conditions of economic hardship, parents are often less nurturing and more rejecting and inconsistent than better-off parents, because they are so troubled and preoccupied.

In the past, LSA tried to refer women presenting with depression to local mental health clinics. Most of the women referred did not follow through with appointments for a variety of reasons: They could not afford to pay; they were intimidated by the rules encountered; they did not have a support system that encouraged perseverance in the effort; and the clinic waiting list was so long that the moment of readiness had passed before an appointment could be scheduled. Most important, those who followed up found that the clinic personnel did not have the time or wherewithal to build a relation of trust with them.

My involvement with LSA came about during my consultations with the director of the toddler nursery, Lorraine Tierney. Early in the consultations it became clear that she had become increasingly puzzled about many of these Mexican children, who were not playing, not speaking, and not engaging with one another. The expensive toys were not used or even noticed by these children. Simultaneously, the toddlers were experiencing intense separation feelings; they could not bear being left by their mothers.

It is important to have a picture of how these Mexican families in East Harlem live. They are crowded into small apartments that are

shared by several other families not related to them. They are one family to a single room. That small room has a mattress on the floor, perhaps one chair, and sometimes a TV set. The kitchen and bathroom are shared by the other Mexican families. If the families are a bit better off, there is a joint living room. These young children, until they come to the toddler nursery, have rarely, if ever, been out of eyeshot of their mothers. On Sunday, the father may take over for a short time. Nearly all these men work as kitchen help in restaurants as dishwashers, errand boys, and other low-level personnel.

The director and I set out to understand what we were observing, i.e., what was holding these toddlers back. What I saw were very quiet toddlers, who ate their snacks silently, rarely joining in the singing and games the staff tried to introduce, and again, were not interested in the toys. My first thought was that they were depressed and, if so, their mothers were also depressed. Together we put together an open-ended interview about a mother's relational history, particularly in the area of her play experiences as a child back in Puebla, Mexico, where most of these mothers had come from. It was no surprise to discover that many of these mothers had experienced a childhood with very little play. They reported that infants are held close to the mother's body and go everywhere in this position. Until the age of 7, many Mexican children run around freely in the bosom of the extended family, being cared for by aunts and cousins. After 7, childhood appears to end. The children start working in the fields with family members, making tortillas, selling them, cleaning house, taking care of younger siblings By contrast, here in New York, not only are the children not able to run around freely in the small space they live in, but mother's role is gone too. Mother is restricted, stuffed into a single room with her husband and children. All continuity with life as she had experienced it herself as a child, is gone. She now lives next to Mexicans who are not family, and she is deprived of the way she had formerly defined herself. Her children, who naturally engage in imitative play, so important for identification, face the same vacancy and emptiness that she does. Mexican soap operas on TV that accompany her in her daily life are important to many of these mothers, representing an idealized fantasy of a life left behind and lost.

The staff was startled by the open-ended interviews with these Mexican mothers, by the outpourings of grief about loss, exile, helplessness, their entrenched poverty, and confusing cultural differences that intensify longings for home and family, especially their own mothers. Since 9/11, many of these mothers can no longer consider returning to Puebla. Their plight has intensified with the immigration crackdown at the borders, and recent laws written in a way they cannot return here if they go home to visit. Many of these families have left older children with grandparents back in Mexico to try to give the babies born here, and thus American citizens, a better chance at life. Infant mortality is very high in Mexico's rural areas; in New York City, at the very least these immigrants have access to food stamps and medical aid for their children. Until their stories were revealed, these young women, often wearing freely donated stylish clothes, came and went silently, never sharing their painful and wrenching histories.

I quickly learned that many of the Mexican toddlers are developmentally delayed in a number of modalities. They are evaluated by early intervention specialists and are assigned to physical therapy, occupational therapy, speech therapy, etc. The developmental norms are, of course, based on American children of the same age. The pull toward pathologizing these delays, in lieu of seeing them as a result of a different developmental trajectory, is great.

After a few weeks observing in the nursery, I decided to meet regularly with the staff to try to understand what was going on in those children who were particularly troubled., i.e., very withdrawn, crying inconsolably, unable to let mother go, etc. At these meetings, every staff person who had had contact with any member of the family—nurse, home-based visitor, parenting class teacher, social work student, classroom teacher—contributed to the narrative concerning a particular child and his or her family. At first, I came twice a month for 2-hour sessions. I did this as a volunteer, which I learned later on, had great meaning to the staff members in charge of the toddler group. It highlighted for them the importance of what they were doing and how much I valued them and the children and their families After the first year, I was paid from a small grant, and I have continued for the last 6 years, adding a third session as a volunteer.

This was how the toddler nursery began a prevention and intervention program, evolving from a case-by-case study that was entirely compatible with the values of LSA.

The LSA staff members are the only people in the larger world with whom many of these

Mexican women have any contact. They find the larger world alien and dangerous. They are removed from their families, with no way to return to the United States if they go to visit their mothers and fathers and children left behind. Grandparents do not get to see grandchildren, but photos and videos pass back and forth. These East Harlem families have come from being exceedingly close to their families to permanently distant geographically, and the emotional toll is great. They feel alone, unknown, and often unknowable. We had to attempt to enter their world and get to know them, so they could feel they were seen and understood. By keeping them in mind, we believed, they would feel less lonely and lost, and it would help them to be more emotionally available to their own children so that they could keep them in mind.

Initially, the staff did not know how to introduce emotional help for the mothers, so that they might feel held and understood. This has been the challenge I have set for them and myself. These LSA helpers are helping these immigrant mothers to recover enough so they can connect to their children, a connection that had been seriously impeded. By being held in mind by a trusted person, a mother may begin to regain her sense of self and her own feelings. This parallel process passes from me to the helper, to the parent to the child.

The story I tell has two related but separate lines. The first concerns training a small diverse group of bilingual teachers (several of whom are paraprofessionals), occupational therapists, physical therapists, nurses, etc., the direct helpers of the toddlers and their families. The training involves my asking them to observe again and again, think about what they see, wonder about it, and go back and think further about how to find out more. I am trying to teach them how to reflect on what's going on in the interactions between child and mother, and to examine their own thoughts and feelings about what's going on in that interaction. When this process of reflection succeeds, what evolves is a narrative

about the inner world of the child and his family. This talented staff has learned rapidly to connect the dots, the dots representing multiple observations from different observers on different days from multiple perspectives.

When a coherent pattern emerges, the second part of the work begins, creating an interven-tion that might help a troubled toddler and his mother. Fathers have been inaccessible until recently, because they generally work all night in the kitchens of restaurants and sleep during the day.

These exercises in observation resemble what Fonagy and Target (1997) are describing as mentalization. The caregiver's capacity to observe changes in the child's mental state is critical to the development of the capacity to mentalize in both mother and child (Slade, Sadler, and Mayes, 2005).

Recent compelling evidence suggests that the nature of maternal care received in infancy may determine aspects of the infant's response to stress later in life and have enduring consequences in his approach to the world. There are documented strong links between a mother's reflective capacity, i.e., her ability to think about her child's wishes, and the attachment security of her child. This is particularly the case for traumatized mothers. Deprived and traumatized women with high reflective capacity are more likely to have secure children, whereas deprived mothers with low reflective capacity almost always have insecure children. Effective intervention can alter the outcome for many of these children. The enduring and powerful impact of early deprivation does not stop with today's generation, but is transmitted from one generation to the next.

The model of reflective functioning, as described by Fonagy and Target (1997), is not only cognitive, but also emotional, i.e., the capacity to hold, to regulate, and fully experience emotion, a non-defensive willingness to engage emotionally and to make meaning of feelings and internal experiences without becoming overwhelmed or shutting down. Fonagy (1998) demonstrates that increased knowledge about the developmental pathways involved in many psychological disorders opens the door to important prevention initiatives. He argues that one of the

strongest indicators for preventive early intervention is the recent discovery confirming sensitive periods in the development of the central nervous system. These include a number of areas involving emotional reactivity, self-organization, and regulation. Certain types of early sensory experience, particularly the overwhelming destructive effect of emotional stress does irreversible damage. Early maltreatment, lack of adequate stimulation, and maternal depression can have profound neuropsychological, as well as emotional, sequelae. Infants of mothers who are still depressed when their infants are 6 months old begin to show growth retardation and developmental delays as well as serious self-regulatory and emotional difficulties (Field et al., 1988). Our Mexican families are prime examples of many of these problems. Cultural issues multiply and aggravate the other adversities in their daily lives.

It is important to note that, as a non-Spanish speaker, I am dependent on the observations of the staff members; they are the source of data. I do some observing in the classroom, and in a number of cases I interview mothers with a translator.

For me, being an outsider was an anomalous position. At no point in my work as a psychoanalyst and clinical psychologist have I had to depend on others to provide me with the clinical data, except, of course, in supervision. I have always depended on my own observations, careful not to be persuaded by a direction suggested by someone else or dictated by theory. Early on in this LSA endeavor, my separation from direct encounter was a significant problem. The child and family narrative, related by inexperienced reporters, was fragmented and sometimes incoherent. The training component in my mission has been tremendously significant. How do you make sense of what you see? How do you ask the mother questions that do not hurt but provide important information? These have been the key educational elements. I am teaching basic psychoanalytic psychodynamics and developmental principles, always rooted in the real, the immediate, and the personal.

In other settings in which I teach prevention and intervention techniques, I have first-hand, face-to-face interaction with the young children and their parents. The students and I are looking together. The immediacy resulting from this hands-on approach, which clinicians

depend on, has not been available to me in the LSA setting. Working with a good translator makes a great difference, but it is not the same as a first-hand interview. As a result, critical tasks in my work at LSA include training the helpers to see and understand the child and the mother, to find out information by asking affectively attuned questions, and to articulate that information in such a way that I can get an accurate picture of the troubled dyad. Only then can the staff members and

I tentatively form a representation that approximates the lives of these two people.

In the cases I present here, my effort was to help the staff member understand the mother, to start reflecting on what might be going on in mother's mind so that she, in turn, would start thinking about what was going on in her child's mind. Helping these mothers to understand that their children have wishes, feelings, and thoughts of their own was frequently a revelation to them because of their own life experience. Basic psychodynamic and psychoanalytic developmental information in each case presented a new perspective for the staff members, increasing their understanding of the dyad and helping them to stretch their thinking about the other mothers and children with whom they work.

Case Vignettes

Esa and Donna—Mother's Guilt

One of the earliest cases presented to me was that of Esa and his mother, Donna. The family includes the father. All three of them live in one room in a crowded apartment with many children and adults sharing a common kitchen. Esa was 15 months old when an accident happened. Donna was worried and distracted when she went to answer the telephone in another room, asking the other women to watch Esa, because she was boiling water on the gas stove. Esa liked to use the broom to sweep the floor, and in his play spilled the pot of boiling water on himself. Panic reigned and by the time mother got back to the kitchen and the screaming child, the other women had pulled both his sock and his skin off one foot and left the other sock on. They called 911, and Esa was taken to a hospital with no burn unit and then finally to a burn

unit at Harlem Hospital. Esa has had many surgeries and has needed continued treatments. Donna's job was to massage the scar tissue on Esa's foot twice a day. She repeatedly avoided doing this.

I surmised that Donna had become immensely guilty. The doctor was very angry with her and threatened to quit the case. I had to convey my understanding of the role of mother's guilt to the staff and how it was impeding her ability to touch Esa and do the urgently needed massage. How to teach this important psychodynamic to the well-intentioned staff? I talked about how guilty a mother feels when something like that happens to her child; and how that powerful self-blame can prevent the closeness and physical touch so necessary during this crucial time. Perhaps she was thinking that she might be even more harmful to him if she touched him at all. Each time she saw his angry scars, she was flooded with guilt and remorse—thinking she was a terrible person. The considerable scar tissue was impeding his progress and it was medically important for him to have this daily massage; otherwise the scar tissue would tighten further, leading to further crippling.

I encouraged the early intervention coordinator to work with the mother to persuade Donna to talk about her feelings and to share her horrible grief to reduce some of her crippling guilt.This dedicated young worker went with the mother to the hospital at the next appointment and explained to the doctor what Donna was experiencing. The doctor became much less blaming of the mother and, as a result of his changed attitude, much more gentle and helpful to her. Donna was able to slowly begin to massage her child. Esa, over time, has improved considerably and now walks almost normally.

Thus, using some basic psychodynamic principles, even without knowing very much about the mother's specific history, I helped the staff to understand and then encourage the mother to put into words her profound guilt. This developed into an intervention that freed the mother to do what was necessary for her child. The staff members caught on quickly. Among them are mothers, who understood this mother's agony. My discussion with the staff included some essential facts known to those who work clinically with mothers, i.e., how responsible and guilty mothers feel if their infants are born with any deformity

or are injured. Expanding their awareness of the dynamics of motherhood can only benefit all the other mothers and young children with whom they are currently working.

How the Father's Need for Safety and Security Impeded the Psychological Well-Being of the Family

Serafina and Alison—

Another family that the staff and I have talked about many times involves Serafina and her child, Alison. The father had been in New York for 15 years, and for the past 8 they lived with his brother, his wife, their children, and a number of their in-law families. Besides Serafina, her husband, and Alison (aged 3), there is Henry (8), and a new baby born after my contact with them had stopped. They have lived in the same tiny room for the last 8 years. Serafina was very depressed. When Alison was first presented, she was having sudden crying bouts, periods in which she would rest her head on the table and withdraw from all play activities. I learned from the staff that Serafina could no longer bear living in this situation, made doubly dreadful by a hostile and combative relationship with her sister-in-law, who seems to be the appointed administrator of the apartment. Her husband works steadily at a menial, but stable, restaurant job. Serafina begged him to move, but he gave many excuses why they should not. She grew increasingly hopeless. Miraculously, an apartment in a relatively safe area of the Bronx, at a manageable rent, came their way and the father agreed to move. The night they moved in, a street fracas broke out at about 11 p.m., with neighborhood kids making a lot of noise. The father became panicked and insisted that they pack up and move back that very night to their old room at his brother's place.

I became increasingly convinced that the father had a profound separation problem and that, in living as he had all those years, he had created a substitute secure base in this extremely uncomfortable apartment. Having left Puebla, Mexico, 15 years before, he had moved in with his brother's family and seized on it as only the most terrified person

might, trying to feel safe away from his lost home. The reality of the problematic nature of this solution and his wife's profound distress was not an issue he could even begin to contemplate. Because of his profound anxiety, he could not make a move. All of this was probably out of his awareness.

One day, Serafina, late in her pregnancy, was later than the time she usually picked up Alison from the toddler group. The staff and I began our meeting while Alison got a box of blocks and started building a house, a large house with many rooms. One of the staff members phoned Serafina to find out what was keeping her, and Alison asked to talk to her, telling her in Spanish that she was building a house with a room for mother and father, another for Henry, and a large one for herself. She had to be reminded of the new baby. At the beginning of this play sequence, the assembled group did not recognize its striking theme. Only when I suggested what this play was about did they understand the significance of it.

I met with Serafina and a translator the following week, with Alison present. I told Serafina I knew how hard it was for her, and that I thought her husband needed some help, because he was probably not aware of how frightened he was to leave the one place that had provided a safe haven for him since his exile. She went on to tell me that in the 15 years here in New York, he had never left the neighborhood he lived in—not even to go to the other boroughs of the city.

It was arranged that Serafina and her husband would see an interim social worker together the following Saturday and then we would see if we could get him some longer term help. Taken with the beauty of her children, I told her that her children were very lovely, at which point she burst into tears. Until then, she had seemed depressed in a listless and hopeless way, but my mention of her lovely children, who were, indeed, wonderful in spite of the adversity, attesting to her motherliness, touched her a great deal. By talking to the staff members about the very likely underlying meanings behind father's seemingly peculiar behavior, I sparked their curiosity about what was going on in his mind. They began to wonder about it. What possibly could blind him to his wife and child's grief and depression? How can he be so callous? They know that he is not a monster,

but they did not have any understanding of what meaning lay behind his irrational behavior. Nor could they speculate, as we have been trained to do. Earlier, not comprehending father's profound anxiety related to the trauma of exile, to which he reacted in a phobic and rigid manner, they were at a loss to understand his callous stance. By broadening their appreciation of unconscious factors at play, they became less judgmental, and more capable of thinking about how to help him.

The family did finally move, and although the children have been prospering, doing well in school, Serafina continues to struggle with depression. She gets some relief at LSA, taking relaxation and yoga classes, along with antidepressant medication.

Intense Emotions That Make It Hard to Help

Joseph—

A year before I started with the staff, Joseph began in the toddler group. He was so overwhelmed with anxiety, vomiting and crying inconsolably when mother left. This created so much disruption that the staff asked the mother to withdraw him. Months later she brought him back, but again he seemed barely able to tolerate her leaving. He glued himself onto one of the teachers, who was often angry with this adhesive behavior. Here was a helper who really needed help, but who was unaware of what made her so angry with this child.

In our staff discussion of this family, a traumatic situation for both mother and child came to light. The mother's first pregnancy ended in a late miscarriage, and Joseph, the replacement baby, was born 15 months later, with two club feet and other defects. He has suffered many painful procedures, surgeries, and separations from his mother. She was now pregnant for the third time, having some medical difficulties that reduced her focus on Joseph. Providing some understanding of how severely traumatized the child was helped the teacher establish a more empathic relationship with Joseph. It was important to encourage and enlist the child in activities that would enhance his competence.

Joseph was interested only in the grownups, and could rarely relax

his watchful vigil so he could play. Halloween was coming shortly, and there were big boxes of candy on all the counter- tops. I suggested to the teacher that she might ask Joseph to help her fill the bags with candy and help her pass them to the children, a job that might help him feel more like everybody else. He loved doing it, and when his mother came to pick him up, he showed her the bags he had filled with great pride. This rather obvious action probably had not occurred to the teacher because of her irritation with him.

Joseph's mother ordinarily left him quickly in the morning, without an embrace. He struggled to keep the tears back and then glommed onto the teacher for the rest of the session. When mother came to pick him up, she was often impatient to get him dressed and out, even if he was drawing with crayons. This information caused me to speculate on whether Joseph's mother might be concerned about his inconsolable crying that had gotten them into trouble earlier. When she leaves him in the morning, she hurries away, knowing that if she does kiss him he will cry even more. After all, she had been asked to take him out of the group the year before because of his unendurable grief. I wondered whether that remained her nagging concern. The staff pondered this possibility. I suggested that the person she has the best relationship with meet with her and tell her that the toddler nursery can manage Joseph's crying; that is our specialty. I also suggested that when she comes at the end of the session she should linger, taking a few moments to appreciate his drawings and any other creative attempts to make a niche for himself. If she could build a bridge for him between herself and the toddler group, it might go very far in helping him calm down and feel at home. The staff thought this a very good plan, but no one felt confident enough to do it. So I did, with the same good translator. I was finding my way in this first year, and this seemed like a productive move.

We never lost sight of the child's experience and consistently introduced the child into the mother's frame of reference by describing to her how Joseph figured in her experience. We kept both of them in mind and worked to expand the mother's capacity to reflect not only on her feelings, but also on how that influenced Joseph.

This plan, so familiar who work within a psychoanalytic framework

with children and adults, is often unrecognized territory to the motivated and gifted people who are working in the trenches with parents and children. The gap was very large at first, but shrank steadily, as the staff's capacities to become increasingly reflective evolved.

When I met with Joseph's mother and the new baby brother, they all were smiling and very happy. The baby brother is a perfectly normal child, which is a great relief to the mother, and Joseph kisses him a lot. Mother says that he doesn't want visitors to attend to the baby. In response, through the translator I tried to explain how displaced a young child feels when, once the little prince in the family kingdom, he acquires a real rival. She had some trouble under- standing this idea, but did catch on when I suggested that Joseph be rewarded by being given the status of the big brother. Giving him special jobs and responsibilities that are realistically within his capacities, and praising him for how well he does, could soften the blow. My speculation about her not kissing and embracing him when she left him in the morning was corroborated. She felt that she should leave as soon as possible or he would cry inconsolably. I told her that we were specialists in crying and would not be put off. I asked her whether she could linger in the afternoon when she comes to pick him up, appreciating his activity. She grasped quickly the idea of being a bridge for him between herself and home, on the one hand, and the toddler group on the other. She felt that this was going to be particularly important the following year, when he starts a new school. She was very happy to hear that he had made a great deal of progress in the group. He now plays with a very bossy little girl, who draws him out, and with a very silent child, who rarely plays with anyone else.

Coping With Loss

Arabella—

An unusual request for help came during a regular staff meeting. Arabella, 2 years old, who had been attending the toddler nursery for a number of months, brought by her elderly grandmother, began wearing all her clothes in the classroom—her entire wardrobe, including hat, mittens, scarf, coat and hood, boots, backpack, and umbrella. If grand-

mother or one of the teachers tried to remove any piece of clothing, she would have a major tantrum, crying without stop until the clothes were put back on. She tried to play with her clothes on but had a very difficult time moving about, getting so hot that sweat poured down her face. Still, she would not take off any of the clothes. The staff questioned whether to force her. Then they brought the case to me. There was no question that we were not to force Arabella to remove anything and that it was urgent that we meet with mother, Pearl, to find out what was going on. A few days later, the home-based worker came to tell us that Pearl had broken up with her partner, father to the new 3-month-old, and that he had taken all of the family's possessions out of the apartment. Pearl, her children, and her mother were forced to move because they could no longer afford the rent. They had no furniture and very few clothes. The remarkable show of strength that Arabella demonstrated by taking what was left of hers and securing it on her person astonished us. She was not going to be done in by this colossal loss, but instead rescued what remained. What an example of resiliency in a 2-year-old!

I met with Pearl, who brought bottles of soda for me and my excellent translator. In spite of her difficult life, she remained gracious and brought a gift, as her culture dictated. Pearl told us about the horrifying situation of being abandoned by her partner and robbed of her home. Then she began to talk about the child she had left behind in Mexico, now a teenager. We had not heard any of this before. This daughter lives with Pearl's brother, who is a doctor, and she is studying to be a nurse. Pearl told us about her guilt over leaving this child behind, describing how she called her frequently over the years, trying to stay in touch with her. She talked about how she was unable to be affectionate with her recently born American children, leaving the expression of affection to her mother. She leaves the apartment when Arabella has a tantrum, because she can't deal with it. Instead she works cleaning houses, buys the children things, and pays the bills. She said to us, "I know that Arabella is begging for my love, but I don't know how to show it." I feared that she was also telling us she couldn't feel love either. We were impressed with Pearl's ability to be so honest with herself in the midst of such sadness grief and guilt. Could Arabella's remarkable coping abilities

be related to mother's capacity for self-reflection? The tremendous trauma that this child experienced can lead to a collapse in her understanding of herself and the people she cares about. Instead of disorientation and lack of continuity of her developing self, she found a way to regain her equilibrium by wearing everything that belonged to her on her little person.

Pearl found a new, smaller, apartment that she could afford and she slowly furnished it. She began to pay more attention to Arabella. The staff discussed at length how Pearl might connect to Arabella. Pearl was able to follow some of our suggestions about becoming more attuned to her child, spending more time with her, bringing her to school and staying with her for a while, thinking about what she would enjoy and what she was thinking about. She became more patient with her. Arabella continued to wear all her clothes for another 2 months. During the second month, she would let the teachers remove some clothing on some days. When Pearl brought her to school during the second month, she would allow mother to remove her clothing before leaving. Slowly, Arabella became comfortable in the new apartment. In the beginning, she missed her old apartment and would cry to go home. As Pearl spent more time with her and the new apartment felt more like home, the tantrums stopped. By the third month, she was doing well in the classroom, and she took off all the outer clothes. These were her best days.

Pearl brought home to us the tragic situation many of these parents' face, having left behind children with grandparents, sisters, and brothers when they came to the United States. They are unable to return to Mexico and then return here because of their legal status. They had not anticipated the tremendous emotional cost of their emigration on themselves, on the children left behind, and on the new children born in America. For many, the emigration has turned into exile. Pearl's grief, often unacknowledged even to herself, had clearly interfered with her ability to form an adequate relationship with her child born here in the United States.

Our encouragement, support, guidance, and concrete suggestions to Pearl that were so helpful to both mother and child certainly support the view that coaching mothers who are emotionally available for the coach-

ing can help them not only to reflect and understand what is going on in their child's mind, but can substantially contribute to their child's ability to reflect and mentalize.

The LSA staff and I came up with an intervention that might help the mothers who had left children behind: a group so that they could do some grieving together. It failed very soon. The pain was too great. The women could not talk and cry with one another in this context, yet they also did not want to disband. They wanted to talk more about contemporary problems and wanted relaxation techniques, such as yoga, which we heartily endorsed and facilitated. These women wanted to feel better. Perhaps only a one-on-one, long-term psychotherapeutic relationship would be an intervention that had any chance of helping them to mourn effectively. This we could not offer. What they could not tolerate was retraumatization, and apparently the group context evoked the losses in unbearable ways.

The group continued and apparently, over time, they began talking about the children left behind, but very slowly. We could offer guidance and guidelines that Pearl was able to use. We referred them to a dyadic treatment center, but there was no space available. Still on her own, with her remarkable child, she took steps that made a difference, spending more pleasurable time with Arabella. Mother clearly got to know Arabella and made room in her mind for her. She did very much better with the new baby, as well.

Arabella is doing well in school and at home. Pearl is an attentive mother to Jose Manuel, who attends the LSA toddler nursery. We hope that the tide has turned in their relationship beyond the short term. The signs are encouraging, particularly given Pearl's capacity for reflective functioning and her increased awareness of her children's needs and wishes. We do not know enough about whether small and consistent changes in interaction can change preexisting patterns of interactions that have been internalized for children who have endured multiple losses, trauma, and deprivation.

Stories of Silence

I mentioned earlier that there are many Mixteco families living in East Harlem. Due to the out- reach of LSA, a number of these Indian mothers are now participating in some of the programs offered. I have heard a great deal about the mothers and toddlers who come to the toddler group, because they are so puzzling to the staff. The women rarely leave their homes, which are, as with other Mexican living places, crowded with many families living in tiny stall-like rooms, one to a family, in a larger apartment. They come as a group to the toddler nursery and seat themselves on the side of the room, silent and uncommunicative. One of the women who speaks Spanish, which many of them do not, also has some English. She has a 2-year relationship with LSA and is, herself, legal. It is to her apartment that these families come when they enter New York. She houses, feeds, advises, and bosses them around and threatens to turn them in if they do not listen to her. She has been described by one of the staff as the "foreman," with all the connotations of such a title. She makes moral judgments, intervenes, and intrudes on a regular basis. She is thought of as a witch and a fairy godmother, depending on the individual case. She always comes along with the group of women.

Picture the playroom: lots of toys and puzzles on the floor for the toddlers. However, the children only want to run and jump. Toys get in their way. The mothers sitting ramrod on the sidelines are encouraged to play with their children "as they do at home." That suggestion triggered a response that was a revelation to us. The mothers raced to the puzzles and toys and started playing by themselves. The behavior of both the children and mothers began to make sense to the staff after they got over their bewilderment. The children, so enclosed at home, in a tiny space, are thrilled to run and jump in a reasonably sized space. That is their first priority. Playing—as we think of it—with objects and toys is a later developmental luxury. These toddlers drop objects and never look for them. Out of sight, out of mind, even at 18 and 22 months. The mothers, never having played with toys in their lives, are thrilled with this exotica and have no concept yet of playing with their

children and sharing these treasures They want the play all for themselves. As a result of our discussions, the staff began appreciating the developmental issues in the evolution of play for these people.

The Mixteco bossy lady is very unusual for the Indian group. She is upwardly mobile and her young son, Victor, is trilingual—Mixteco, Spanish, and English. She had made sure to bring him to the toddler group when he was very young, even when the weather was bad. She speaks Spanish to her children and her husband. Her wish for a better life for herself and her children is emblazoned on her face. Her younger brother came to her from Mexico. He is now a young man and speaks not a word of Mixteco, only Spanish and English. The other women speak only Mixteco with their children at home.

The Many Uses of Play

Emily—

Emily's case helped the staff to understand some important aspects of play that, until then, they were not aware of. Emily, another silent child, entered the toddler group because her mother had enrolled in the literacy education program and she needed a place for her child while she studied. Emily had a difficult adjustment to the nursery and became panic stricken, crying and screaming, whenever her mother tried to leave her. After a while, her mother decided to stay in the nursery classroom, giving up the idea of the literacy class. After a number of weeks, Emily began to be more comfortable in the classroom, relating to the teachers and playing with the other children. Still, Emily would not let her mother leave. The staff members worked hard but were unable to effect even a short separation.

When I met with the mother, we discovered that Emily had been hospitalized at 11 months old. The hospitalization had been very difficult for the child. She had blood drawn repeatedly, and there had been many painful procedures. Her mother had stayed in the hospital with her, but we believe that there were some times when Emily had to be left alone for short periods. The mother reported that, after this, Emily would not let her mother out of her sight. Now we were beginning to see why all efforts to

help Emily were not working if we did not address the trauma that had so complicated her separation from mother. When I met with the staff, we discussed the issue of trauma and how the hospitalization, with its pain, terror, and probable absence of mother for short periods (when Emily had not yet developed a sense of time), had left her vulnerable to massive separation anxiety. We planned a play scenario, with a medical kit, stethoscope, make-believe taking of blood, giving injections to soft dolls, etc. Several of the other children were happy to join in, probably having had similar experiences. Over the next several weeks, Emily began to look happier, played in a more relaxed way, and eventually tolerated her mother leaving the room. After a year, Emily went on to Head Start and had no reported adjustment problems, relating well to the other children and trusting the adults. Emily's mother returned to the literacy basic education program. What the staff got from this clinical situation was an increased appreciation of the role of trauma in early childhood and how play can be crucial for the child to gain mastery over that trauma by slowly recontextualizing the experience. Although play was recognized as critical by the staff, until the case of Emily, play as necessary for helping a child master trauma had not been given full weight. Emily's mother had not connected her daughter's hospital experience with her separation difficulties in the nursery. We helped the mother to reflect on herself and her child and to think more about what might be going on in her child's mind, and to wonder what her distress was about. This kind of reflective thinking does not come naturally to many mothers, never having experienced it in a first-hand way themselves. We hope that this relatedness becomes part of their ongoing relationship and is generalized to the children who come later in the family. A mother's ability to be reflective and keep her child in mind, especially when trauma and separation occur, seems to act as an immunizing and protective agent for the young child, mitigating the worst effects of the trauma.

Edward: History Almost Repeating Itself

Edward first came to our attention when his mother enrolled in an 8-week nutrition class. Child care is provided while the mothers attend

class. Edward was not able to separate from his mother, and clung to her side all during the class. He would not play with the other children. Mother was obviously impatient with Edward and frequently angry, pushing him away, and, of course, the more he clung to her, the angrier she became. During one class, Edward was playing in the gym and when he saw his mother, he ran to her. She got so angry that she pushed him away so hard that he fell to the floor. She then walked away, leaving him crying. It was obvious we needed to intervene. We spoke to mother and asked her if she would participate in our toddler nursery program in addition to the nutrition class. Mother agreed, with mixed feelings, and he started a 2-mornings-a-week program. Mother sat on the couch and refused to play with Edward or interact with him in any way. Once again, he clung to her, not leaving her side. Only slowly did he begin to explore the classroom, showing very poor skills for his age, running from one activity to another in an unfocused, somewhat chaotic manner. We had begun a crafts program for the mothers staying with their children. It took place in the adjacent waiting room. As Edward became more comfortable with the teachers, his mother was able to go to the crafts class. She loved this class, and it gave her the opportunity to talk with other mothers. She took great pride in her crafts. Edward would look for her, and when he went to say hello, she would push him away and the clinging pushing away cycle would be repeated. The teacher would have to retrieve Edward. Of special concern during this time was that mother was pregnant. We felt that once the baby was born, there would be even less for Edward.

We learned that the mother and father had come from Ecuador. The mother had been a shepherd and was very accustomed to spending long periods of time alone with the sheep in the fields. She had married in Ecuador. She had a first child, a son. Her husband came to America and wanted her to join him as soon as he had gotten on his feet. Her son at this time was 4 years old. She could not bear to tell him that she was leaving him, so she told him nothing of her plans.

One day she left him with her sister, telling him that she was going to the store, and she never returned home. After a short time in New York, she called her sister, and much to her surprise, she found that her son had

been inconsolable, crying for weeks. She felt very guilty about leaving him in this way, but she had desperately wanted to join her husband and start a new life away from the grinding poverty. So she consoled herself with many promises that she would make it up to her son.

She worked for a few years before having Edward. After his birth, she stayed home but she missed working. Caring for him was not fulfilling for her. Her husband worked long hours 6 days a week. She was lonely. Her years of herding sheep had a very different quality for her than caring for Eddie. Did the long days alone with the baby evoke grief about her older child left behind? We had no access to any of her thoughts at that time.

As mother's pregnancy progressed, she was having a harder time caring for Edward, and in

June of that year she told us she had decided to send Edward to Ecuador for the summer, placing him in the care of her sister and the son she had left behind, now about 16 years old. Here was history repeating itself. She said that her elder son wanted to meet his brother. An uncle whom Edward didn't know was going to Ecuador with his son, and he was asked to take Edward with him. We were very concerned about what effect this would have on Edward and tried to dissuade mother from sending him, but her mind was made up. The uncle, fortunately, decided that he needed to have some relationship with Edward before traveling with him, so he began to visit with Edward to prepare him for the trip. They left in early July.

When Edward returned in September, much to our surprise, he was in good spirits, He looked happy, and his mother was happy. He had no trouble separating from his mother. He walked into the classroom and was able to let her go. We wondered whether his brother and aunt in Ecuador had offered him the nurturance that mother had been incapable of. Had he experienced something different with these folks including the uncle who had cared to get to know him before they left for Ecuador? Had these different kinds of relatedness provided him with some inner sense of being seen and represented? Even mother seemed more patient with him on his return, perhaps reacting to a calmer, more self-contained child.

The baby girl was born in November. Edward stayed at home with his mother for the first month. He returned to the nursery with his dad, who we met for the first time. The father seemed attentive and nurturing. Edward was happy and smiling. After several weeks, mother and Edward started having difficulties again. The mother's attention was going to the baby, and they were cooped up in the apartment all day long. In early February, Edward started seeking out among the staff the affection he craved and missed. He became very cuddly with the nursery staff, relying on them for comfort. He would lean his head on a teacher's shoulder, not wanting to play. The staff, in turn, felt intensely angry at his mother for not providing more affection for Edward, and rescue fantasies surfaced and became a major source of conversation. Edward's mother became increasingly frustrated with him, describing that at home he was having tantrums when he did not get his way. He began talking like a baby again and would poke and push at his infant sister. The mother felt that she had to constantly protect the baby from Edward and began telling the teachers that she wanted to send Edward to live in Ecuador.

All compassion for mother from the staff was gone. The staff members met with me and talked very honestly about their countertransference feelings, wanting Edward to live with them. Unbounded sympathy for this hurt, frightened child was voiced by everyone present. Only the parent's harshness, and not any of the mother's adverse experiences, in these situations tends to be remembered. Helping the staff keep track of the parent's pain, while simultaneously keeping the child in mind, was an important accomplishment for this staff.

I arranged a meeting with the mother and the translator, but even before this meeting took place, the mother's state of mind took a serious depressive turn. She could not stop crying; she could not deal with Edward any longer. Her husband would not allow her to send him to Ecuador. She had no support from anyone when the children were sick. We were very concerned and further considered whether we had overlooked a postpartum depression. Luckily, one of our home-based social workers, Katya, usually overloaded with other cases, was able to see the mother, and this time she agreed. She was desperate to talk. She had

been offered help earlier, but had rejected it. She started meeting with Katya regularly and joined the mothers' relaxation group. Edward increased his sessions at the nursery to 4 days a week.

I met with mother twice. She brought her baby girl and Edward, a beautiful child who has some artistic talent, as mother does. My acknowledgment of the splendidness of his art work and his physical beauty pleased the mother very much. I let her know that, despite all the troubles between them, she had done a good job raising him, and that he was beautiful and talented like she was. She responded with great pleasure. We went on to talk about the inevitable jealousy that arises with the birth of a sibling, particularly for the first-born. What astonished me was how little this mother understood sibling rivalry. Now that there was a new baby and a girl, Edward had to have a different role in the family. His mother, who had had so much difficulty seeing him as the unique child he was before the arrival of the new baby, was being asked to see him yet another way, as the big brother of a sister.

We encouraged Edward's mother to spend special time with him alone, engaging in an activity that they both enjoy, like going to the park together. This special one-to-one time together made him happy and probably provided some experience for him of being recognized and seen. He became her helper with the baby and was increasingly protective of her. The mother's meetings with Katya made a tremendous difference. Edward has moved into being the big brother and is enjoying it, particularly since mother appreciates him in a way she formerly had not.

The nursery opened a small library for parents to borrow books. Edward's mother attended a class about reading to your infant and toddler. She now borrows books and proudly tells us that she sits and reads to both children. The first books she chose were about mothers, fathers, and babies. Edward's father came to a session on his day off to talk about setting limits with Edward. He is eager to learn more about parenting and both he and the mother are reading books about child-rearing. The mother reads to the dad after supper.

Clearly, something important has shifted in this family. How enduring and generalized these changes will be remains to be seen, particularly given the mother's complicated and troubled history. So far,

it has not been possible to do systematic follow-up on these families. Has mother become a more reflective person in relation to her son? The necessity for studying these efforts is obvious. At the very least, the LSA toddler staff is now addressing the subject of sibling rivalry with all pregnant mothers.

Unanswered Questions About Silence

The pervasive silence of these toddlers in the classroom that the staff members rarely mention in presenting a child to me because they have become so accustomed to it, was brought home to me several months ago once when I went into the classroom during snack time, and observed teachers trying to lead the toddlers in singing. The children were silent, expressionless, and mostly apathetic. Their demeanor indoors contrasts with their animation when they play out of doors, where they run, shout, and are deeply engaged, looking like typical toddlers. Their mothers, many of whom are in the classroom, also appear disengaged and apathetic, rarely playing with their children. The children in the older group that meets in the afternoon, are livelier and play more. This group is more ethnically diverse, from other parts of Latin America and Mexico.

The level of responsivity in most of these mothers is muted. Just as their movement in the places they live, cooped up in tiny crowded spaces, is restricted, so is their affect. A generalized dysphoria restricts their movement, both external in the world and internal in their emotional lives. The responsiveness we've come to think of as necessary to be an ordinary good enough mother, is not always available to these women, who suffer not only the inevitable clash of cultures but also the day-to-day loss of their loved ones left behind.

At parties around Christmas, when LSA offers bountiful feasts, the adults and children sit quietly and eat with little conversation. They are having a perfectly good time, but conversation is not part of the good time. The cultural issue of being in an American place, where "respect" is shown by keeping silent, both for the toddlers in the classroom and for their parents at these get-togethers, may be contributing to the silence we are unaccustomed to.

What has been reported is that many of these speech-delayed children going on to Head Start programs reach age level both in speech and language when they get to elementary school. What a striking change! We are faced with a major dilemma given these facts. How does this catching up happen? We are aware that many of these mothers speak very rarely to their children, and that they do not do much *interactive motherese* when these toddlers are infants. The babies are held against the mother's body in a shawl for many months and go everywhere with her. At home, they are confined to a small space so that when they come to the LSA nursery, they love to run around. Many children are required to be very quiet at home, in those tiny rooms, because the father is sleeping. Such conditions do not aid speech and vocal expression, and they do explain some of the silence. When the children are older and spend time with peers and adults who are talking, they become bilingual and the Mixteco children become trilingual. How does this transition occur? Again, we are faced with the lack of systematic study of these children. Vocal, face-to-face interaction between mother and infant is not typical for poor rural mothers even in Puebla, Mexico. The more urban and educated mothers in Mexico gaze and interact more with their babies.

What we do know about the shawl babies is that they are receiving and giving moment-to-moment kinesthetic and proprioceptive stimulation. Are these cues that are mutually regulatory to both baby and mother sufficient stimulation for the infant so that this information becomes cross-modally generalized for later speech and language development? What is the role of the mirror neurons? Is observing gesture sufficient substitute for being talked to for these infants?

We have come to think of those moment-to-moment interactions between infant and mother as being crucial for intersubjectivity from which optimal brain patterning emerges. Most of these poor mothers, in spite of their life circumstances and depression, offer some tender stimulation to their young babies. Gaze and verbal interactions do not seem to be part of mother's repertoire and many not be culturally normative and critical. How much weight can we place on the lack of face-to-face interaction to explain the speech and language delay we see with

such regularity? Do toddlers back in Puebla, Mexico, show the same patterns including the recovery? What about genetics? Many questions are raised by these observations. Perhaps being a good enough mother from Puebla is accomplished by other kinds of caretaking than we have been considering necessary for all cultures. We do not have systematic follow-up of these children after they leave LSA. We do not know if or what they've missed in the way of brain development by not learning language at the same rate as their neighbor Americans. Do they truly catch up? Or are there crit- ical periods? Do we need to reexamine our certainties about early development for cultural short sightedness? Are there other sensory modalities that take over for speech and facial expressive communication that later become generalized to speech and language when these children's lives are different; when they are with peers and teachers who speak English and Spanish? Is it the inevitable clash of cultures both within and surrounding these dyads that restrict them in a way that is utterly different from what we have come to expect to be developmentally normative?

Finally, when considering the impact of mother's depression on children, there is impres-sive documentation as to how maternal depression compromises a mother's ability to read and respond to her infant's signals. Depressed mothers engage in less play and talk less motherese with their infants, who in turn have difficulties engaging in social interaction, showing less ability to regulate affective states than infants of non-depressed mothers. So many of the mothers at LSA suffer from long-term and chronic depression. We know that infants are exquisitely sensitive to the emotional states of their mothers (Tronick, 1998.) In the developmental delays of the toddlers at the LSA nursery are we seeing what happens to those children, emotionally and cognitively, who have been exposed to prolonged periods of maternal social and emotional unavailability? Reflective function can play a protective function with regard to depression only when trauma is not overwhelming and depression is not severe.

Staff Reactions and Conclusions

This highly responsive staff reacted to their enhanced understanding and interviewing skills in a number of positive ways. I asked them to give me their evaluations at the end of the first year. Their former feelings of helplessness and powerlessness that had led to disengagement and depression that, if unchecked, led to burn-out, had diminished. Two teachers had returned to school, one to finish her bachelor's degree, the other to start a masters' program, in early childhood education. They spoke of gaining a new perspective on families that they had known every day. Another teacher spoke of how putting the child and mother and their story together reduced fragmentation: "We put the pieces together and got a whole picture. It was helpful to talk together and set goals to help the family." Another mentioned how unaware she had been of what was happening to the children behind the scenes: "It was such a benefit to them in the end. I look more carefully now; it broadened my view so I could find appropriate services." Another teacher said, *I am more aware, more conscious of the emotional needs of families. I was used to being engulfed in paperwork, and seeing the families on an ongoing basis without thinking too much about it. With Phyllis we can see families more clearly, to see signs that may need to be addressed. By talking together, we can have a clear picture of the family and problems that they are going through.*

A staff person from the home visiting program said, "It's amazing what I've learned. What questions to ask. You, Phyllis, are always in my mind when I see a mother. I ask about childhood, about relationships, more clinical questions. Before, I thought these questions were too private." And a teacher and translator said, "I was not comfortable before asking questions, but I have learned to be willing to listen and am more comfortable. It takes away having to guess. When you ask a question, they don't stop. They get an opportunity to talk. When given a chance to talk, they go on and on; they are all bottled up." Another worker said, "I always shied away from asking because I couldn't deliver. It's very hard. I do not have resources to help them on my own, but together we would find a way to help." A home visitor said, *When we are meeting, I go back*

afterwards and I apply this to myself. What do I need to change? How am I with some families? Try to analyze when I am with families. What is it that makes my heart break? I start to do free writing about my emotions of the day. The children have benefited dramatically.

In this four-way parallel process, between myself, teacher, a mother, and her child, we all gained some benefits. The staff members learned ways of observing and talking in a comfortable way with the mothers. They had not been comfortable asking questions, fearful of intruding and causing pain. The staff members did not know how to listen, and when they did, they did not know what to do next. Learning some basic psychoanalytic developmental principles, and in modeling themselves after me, holding me in mind, their skill and competence increased. They were able to provide me with the clinical data that I could not get by myself because of my lack of Spanish. They also learned how to inquire on their own, to interview, opening doors to their own understanding, and reducing their own powerlessness. These helpers learned to help these mothers and children in a way that had not been available to either of them before.

An important recent offshoot of the regular meetings with staff is a parent's meeting one afternoon and one morning a week. Parents drop in, and one of the teachers discusses whatever problem in development they raise, or the teacher brings up an issue like limit setting, father's role in child rearing, etc. We have been very impressed with how many fathers are participating.

The meetings are scheduled before or after work. They talk about the trouble they have being a father, wanting to be a better one. This is the first time in the staff's experience that fathers have participated. Throughout LSA, classes are made up almost entirely of mothers.

The parents and the children have benefited both in the short term, and we hope, in the long term from what started out as an exploratory clinical teaching exercise for a group of highly motivated teachers and staff. We wanted to understand why these toddlers were so lackluster and so disinterested in playing with wonderful toys. What evolved is a prevention and intervention program that the staff can do on its own. What started as a small investment in time and resources has yielded a

large outcome, in significant ways in the lives of a number of mothers and their children.

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