

## ON BEING THERE

Michael Trout

*[Editor's note: The ILAIMH Board has asked Michael to write the cover articles for our Newsletter for 2009. This is the second in the series. Feedback is most heartily welcome, and can be directed to [mtrout@infant-parent.com](mailto:mtrout@infant-parent.com).]*

**It occurs to me that we infant mental health clinicians have some things in common with certain foster and adoptive parents who have taken in particularly hurt children.**

**We are both inclined to lose hope, to get tired, and to wonder why things are happening so slowly.**

**We do our best, but the applause is a little thin.**

**We reach for new strategies, only to discover that they don't work, or that they work for a little while, and then they stop working. We are mystified.**

**We feel inadequate, which sometimes evokes the defense of blaming the other. Sometimes this moves us to re-define the problem, and to instigate problem-solving maneuvers that reassure us that we did what we were supposed to do, and the other is simply incorrigible.**

**We hate the feelings of impotence that threaten to overwhelm us.**

**Foster and adoptive parents sometimes sit in as much darkness as do we clinicians who make visits to hallowed but dark museums of pain, and struggle to know where to begin. Someone hurt the people who live there. We can't make them whole. Maybe we can't even make a dent in the walls of distance and hopelessness and fear that it took several generations to cement. And there in the middle of it sits the baby, representing the promise and the threat, and we're supposed to at least help the baby, and we're not, and we can scarcely stand it.**

**Among the meditations I've written for the foster and adoptive families with whom I work is one meant to provoke renewal. It proposes a re-focusing on the core of the matter. Perhaps I wrote it for myself, as well. The last few lines read:**

*I see that I can't make this child love me.  
I can't make this child love anybody.  
I can't even make this child accept my love.  
I keep pouring it in,  
and it keeps draining out a hole, somewhere.*

*These are important times for me.  
When such times don't bring me completely to my knees,  
they help me to re-organize myself,  
to re-think the whole proposition,  
to re-establish my priorities,  
and to commit  
once more  
to the few things I can do:  
To love a child that others didn't, so well.  
To pour into this vessel what I can.  
To be ready for the slightest hint of tenderness growing in this child,  
while not needing anything back.  
And to not punish him today for being exactly who he is:  
an injured baby  
clumsily trying to find his way.*

*Let me today be a witness.  
Let me give up rights to the outcome.  
Let me suit up.  
Let me show up.  
Let me be the carrier of hope  
for a child who has little of his own.  
But, mostly, let me just be there.  
(Trout, pp. 4-5)*

Have you been in a place comparable to this? In your work with families, have you taken note of your role as a *witness*? Have you finally had to give up on everything except the heart of it: to *show up*, to be *watchful* for the slightest hint of tender recognition of the baby's soul by parents who may, at times, seem oblivious; and to *stop being angry* at parents for being exactly who they are: injured babies, themselves, clumsily trying to find their way?

Can we embrace the limits of our authority? We are [maybe] bigger, stronger and wiser, but this doesn't make us more powerful. It just makes us lucky. So when we walk into a home, we do so with hope and with mercy, but without haughtiness. We know our limits.

It seems unfashionable (when everybody and their brother seems to have an evidence-based method for healing human misery) to give up rights to the outcome. But are we fully *there*, as long as the contingency is that the parent must perform, must demonstrate a certain outcome?

We ask foster and adoptive families to love a child whom others didn't, so well. We ask ourselves, as infant mental health clinicians, to love a mother or a father whom others ignored, abused, left, or humiliated with indifference, when they were little. It will take mindful meditation to be ready when they don't learn our lessons, when

they try to hurt back or hide away in fear, when they can't hold on to the healing. It will take a capacity to remember the soul of infant mental health work: to *show up*, to fully *be there*, over and over.

What brings people to change is a matter of considerable conjecture—scientific and otherwise. Reasonable clinicians disagree on which method, which program, which practice works best (or works at all). Remember when Daniel Stern brilliantly confronted this question by looking at the several infant-parent psychotherapy models then extant (in the 1990's), and coming to "...the strong impression that all the approaches, when well done, seem to work" (Stern, p. 147)? And what, in the final analysis, did he mean by "when well done"? He was referring to the *connection* established between therapist and patient—not the *strategy* of the therapist—that supported the mother gaining access to her best self-as-mother: "No matter what therapeutic approach is adopted, if a therapeutic relationship is established (*and there can be no therapy if it is not*), an array of multiple possible mothers for the mother to become will open up...The capacity of the therapy to generate, enable, permit, facilitate in the mother alternative (and more positive) views of herself-as-mother is one of the cardinal products of the therapeutic relationship" (*italics added*) (Stern, p. 112).

Foster and adoptive parents are caught in a similar maelstrom of controversy about how best to break through to children whose primary survival strategy involves avoidance of attachment. They have tried holding, yelling, operant conditioning and encouragement of regression.

In the final analysis, however, perhaps it is *presence* that, once again, emerges as the most powerful evocative agent on earth. Siegel teaches us: "Much of what may occur in families, classrooms, and within psychotherapy that promotes mindfulness in the developing person (child, student, patient) has to do with the presence of the parent/teacher/therapist. *Presence* is the state of mind that comes with all the dimensions of reflection; the quality of our availability to receive whatever the other brings to us, to sense our own participation in the interaction, and to be aware of our own awareness. We are open to bear witness, to connect, to attune..." (Siegel, p. 263).

Certain foster and adoptive parents—backs against the wall, spent, without any more ideas except one: to give all of their energy to being fully present, calm, alert, mindful and attentive—have learned it. A more organized child slowly begins to emerge in the presence of an organized, loving, stable, utterly available Other. We clinicians should be reminded, as well. Sometimes strategy doesn't cut it. (Did it ever? Or were programs, methods, and strategies, at their best, just *ways of being with* people?) Sometimes the very best thing we can do is to *be there*: fully there, with all that we have seen and heard, listening with attention, witnessing with intention.

**Siegel, D. (2007). *The mindful brain*. New York: W.W. Norton.**

**Stern, D. (1995). *The motherhood constellation*. New York: Basic Books.**

**Trout, M. (2008). *The hope-filled parent*. Champaign, IL: The Infant-Parent Institute.**

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