

AP EUUnion



AP EUUnion Newsletter

Volume 8
June 2008

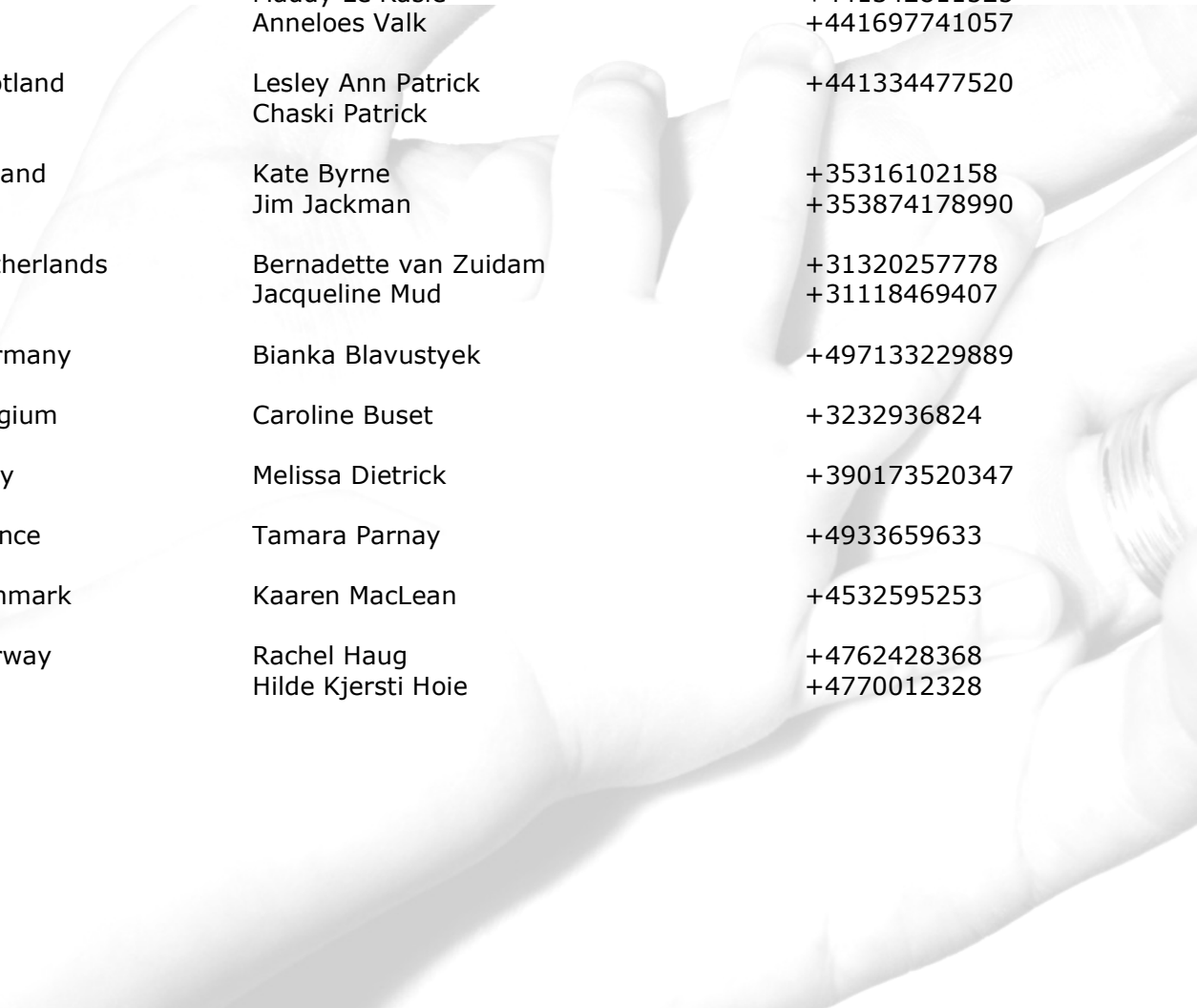
Welcome

Welcome to AP Eunion, the newsletter of AP EU. This issue's theme is **Evolution, blueprint and parenting**, and we will be looking at the ways in which we are pre-programmed biologically to parent the way we do. We have some great articles on this topic, including the expert views of **Alfie Kohn** and **Jean Liedloff**, and some wonderful personal perspectives from leaders and members. In addition, in this issue we are introducing a **Community and News** section that focuses on sharing YOUR news and views. This includes some family stories, recipes and a Q&A. Any contributions to this section are warmly welcomed – please email them to me at kate@attachmentparenting.eu. I hope you all enjoy reading the newsletter.

Kate

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Great Expectations

By Kate Byrne, AP EU Ireland

I have always noticed that on day two, newborn babies nurse very frequently, which is maybe nature's way of ensuring high hormone levels. For us to breastfeed we need high prolactin levels which rise after our baby has been born, the more they nurse; the sucking stimulates nerve endings in the breast that send messages to the anterior pituitary gland to increase prolactin. It made me wonder that not knowing and understanding the body's mechanisms and our babies behaviour can be the greatest barrier to breastfeeding coupled with unrealistic expectations based on formula fed infants. Here in Ireland we are not a breastfeeding culture, in fact we have the lowest rates in Europe.

From early on our exposure to babies can be great, spending time with relatives, cousins, nieces and nephews and, in general, absorbing and processing information about life with a baby. We read books, flick through magazines, watch television programmes, and all of this information by absorption is written into our brain and becomes the basis of our expectations and interpretations of baby behaviour and life with a newborn. A lot of this information is based on formula feeding as that is the cultural norm in Ireland and has been for at least the last generation too. Most of our mothers did not breastfeed and so often the first mentor we turn to is our mother. Plus, many of the books packed with advice about babies and how to rear them are written by men or women experts who have never had children or breastfed.

Normal behaviour for a newborn infant has been blurred as our interpretation of it is based on formula feeding, so when we embark on the journey of breastfeeding we need to know that the norm for breastfeeding is not necessarily the same norm as for formula feeding.



It is 'normal' for a breastfed newborn to nurse very frequently, from every hour to just about constantly. It really depends on the child, as there is no 'one size fits all' for human beings. Their tummy is tiny, the same size as a pea – it hasn't been filled with food and stretches gradually. This is the reason that colostrum, or first milk, is so concentrated: to be digested in small amounts and often. This allows the gradual early development of the baby's tummy and digestive system, allowing the 'good' bacteria to inhabit the intestines and stomach and to gradually get used to more and more food.

Babies are pre-programmed from time itself to know how to help their mother's body make milk. Sucking is a reflex, not an indication or result of hunger. Put anything in a newborn baby's mouth and they will suck. I remember a lady saying once she had nursed her infant and then the baby had drunk 30 mls from a bottle. Oh my, she said, he must have been hungry. Not so, a baby sucks at the bottle as a reflex, so there is no relationship between sucking and hunger. I wonder how many times an emotionally vulnerable new mother has been in that situation, nursed their newborn for a long period of time, and believed that their infant was hungry and that their body hadn't made enough milk to sustain them?

The more a newborn latches on to the breast, the higher it pushes the mother's prolactin levels, the sooner the milk 'comes in' and we move from colostrum to milk. Breastmilk is absorbed fast so

our patterns of feeding change throughout the early days - more feeding at some times and less at others. A breastfed baby drinks what they need in 24 hours, so each time, as their hunger varies, so does their intake. Should we expect a new baby to eat every three hours? Not if they are breastfed, but our previous exposures have led us to believe that this is normal.

Many experts dating back to the 1900s influenced today's practices. Formula was first developed in 1867 to help a neighbour who could not feed their infant. In the 1870s, Dr Luther Emmett Holt developed fixed routines and baby management along with creating the idea that holding a child was bad because it spoiled them. Subsequently Dr Truby King set up the Plunket Society in New Zealand in the 1880s to create 'scientific principles' regarding the nutrition of babies, and his Plunket Clock is very similar to the expert books we find out there today.

From the 1940s to the 1950s, routines and formula feeding became a recommendation, and as a result babies and feeding them became medicalised and scientific. The consequence of this established trend can still be seen up to current times. All of the protocols, procedures and expectations in early hospital stay seem to be based more on formula fed infants too. A crying infant is obviously a stressful and upsetting experience for a new mother no matter how many children she has had. The cortisol levels (a natural steroid hormone) rise, relaxation becomes more and more difficult and this can be a huge barrier to breastfeeding, especially as the oxytocin and prolactin hormones that enable us to breastfeed need to flow to help relaxation.

There are still other signs in hospital that seem to favour bottle-fed babies as the norm. For example glucose levels. If a newborn infant uses up a lot of energy crying, their glucose levels drop, which in turn can cause drowsiness and stop them from feeding. The levels monitored in hospital are based on infants who have been fed formula soon after birth, whereas there are other studies that have shown that a full-term, breastfed infant may have its own distinct glucose levels (*Disease in Childhood Fetal and Neonatal Edition* 2002;**87**:F46-F48). If the mother and newborn were able to be together and nurse as frequently as the infant needs then their glucose levels wouldn't be an issue.

Jaundice, which is a yellow discoloration of the skin and the whites of the eyes as a result of too much bilirubin (an orange-yellow pigment formed in the liver) in the blood, tends to be more common in breastfed babies and to last a bit longer. This is because the initial volume of fluid that they take is less as colostrum is very concentrated. In most cases, it's harmless, but our protocols again are not based on these.

Probably the most challenging situation is when we have a baby that is unwell, that needs special care. The directives and clinical procedures are based on prescription formula or specialised formula. As a non-breastfeeding culture, formula has become a prescriptive solution in so many cases. If there is anything out of the ordinary we are advised to use a particular formula and not advised on breastfeeding protocols or management. I met someone recently who had a baby with a mineral processing issue, and the doctor dealing with it had no previous exposure to a woman wanting to breastfeed a child with this condition, so she had to do the research herself. She found out all she could about the mineral content and made her own informed decision based on her research and the doctor's prescription formula. To date all is going well, the baby is breastfeeding whilst simultaneously taking prescription formula from a supplementary nursing system.

From babies' feeding and sleeping patterns to infant weight loss and gain, our expectations are influenced by our preconceptions. Our first reactions appear to be that we are doing something wrong and we keep on trying to make our baby fit the 'norm'. As more mothers in Ireland breastfeed, the expectations, protocols and procedures will change too, causing a shift in perspective from the bottle-fed majority norm to a different norm that includes breastfeeding protocols, expectations and understanding.

Back to Nurture

By Alfie Kohn

Neckties narrow and then widen again as the years go by; today's hot hairstyle will soon be painfully passe. Chances are such phases do not faze you. But in the field of science, including the study of human behavior, you may prefer to think there are no passing fads, no swings of intellectual fashion -- only a steady progression toward Truth.

Think again.

A generation ago, most mental and emotional problems were put down to bad mothering, unhealthy social influences, and other features of the environment. Since then, however, psychiatry has become "remedicalized" and psychology has worked feverishly to adopt the methods of the hard sciences. At least three quarters of the research now conducted at the National Institute of Mental Health -- that's mental health -- is biological in nature.

On just about any given psychological issue, genetic factors get more attention than cultural factors do; emotional problems are more likely to be investigated by looking at brains than at families. Ask the people doing (or funding) such research and they'll tell you this shift reflects nothing more than a recognition of promising data. If the study of anxiety now focuses more on plasma catecholamines than on unemployment or bad marriages, they say, it is because we know better now.

But others are not so sure. "The pendulum has swung very far in the other direction," observes Lyman Wynne, a respected schizophrenia researcher at the University of Rochester. Some investigators are so eager to find a simple biological cause of mental illness that they "fail to look at the environmental data or even acknowledge that they exist."

To be sure, most psychiatrists and psychologists will declare that it's not a question of nature versus nurture, inherited versus environmental factors. Both play a part in influencing what we do. But watch carefully: nurture receives lip service these days while nature receives enormous grants (some of them, not surprisingly, from drug companies). Hemlines are on the way up again and biological answers to psychological questions are back in vogue. Researchers -- and, by extension, science reporters and the general public -- take on faith that we are what our genes, hormones, and neurotransmitters have made us.

The press especially loves to cover dramatic "linkage" research, which attempts to find a gene responsible for a given behavior. In 1987 researchers announced that they had found the precise gene that caused bipolar disorder. DEFECTIVE GENE TIED TO FORM OF MANIC-DEPRESSIVE ILLNESS, the New York Times trumpeted. But after expanding the original study and reanalyzing the data two years later, the researchers had to admit they were mistaken.

The same pattern of apparent success followed by retraction has been repeated with linkage research on schizophrenia (in 1988 and 1989) and alcoholism (in 1990). In all three cases, the popular press excitedly announced that the "genetic flaw" responsible for the disorder had at last been found. Later, alert readers noticed follow-up articles, far less prominent than the original reports, acknowledging that the first discovery had been a false alarm.



It seems remarkable that genetic explanations still command a largely uncritical loyalty in the face of such retractions and other data that have raised questions about how much genes really contribute to even the most serious disorders, the ones referred to as mental illnesses. For instance, a recent report in a leading psychiatric journal found little evidence that "hereditary factors are of any importance" in determining who will develop relatively mild depression, the kind that used to be called neurotic. Most of the studies that have claimed some role for the genes are limited to very serious depression or bipolar disorder (in which depression alternates with periods of frenzied activity).

Even then, several studies have found that nine out of ten individuals with an extreme mood disorder had no close biological relative with the same problem. In looking at people whose parents gave them up for adoption -- which is believed to be the best way of teasing apart nature and nurture -- the strongest predictor of who was going to develop these disorders was the background of their adopted parents or other environmental factors such as how old they were when they were adopted.

As for schizophrenia, the best known psychosis, although almost all specialists now believe that genes play some role, "the evidence for a genetic contribution," Wynne concedes, "is not overpoweringly strong."

Wynne has been helping to direct a new Finnish study that is following about 200 children put up for adoption by their schizophrenic mothers. Genetics did play a role in determining who was ultimately diagnosed with the disorder, but only in the context of certain family environments. Of the 49 children who were placed in well-functioning families, not one became schizophrenic.

Meanwhile, a study published in the *New England Journal of Medicine* used MRI (magnetic resonance imaging) to compare the brains of 15 sets of identical twins, one of whom in each pair was schizophrenic. Differences in the brains were noted in almost every pair -- even though identical twins have identical genes. Clearly, something other than genetic factors must have produced those differences.

Then there's the question of why some people drink to excess. The current climate in our culture "seems dominated by the view that alcoholism is a biologically determined medical disease . . . [even though] there remain serious questions concerning the consistency of the empirical support for the existence of a genetic influence on alcoholism," according to the authors of a study published in 1992 in the *Journal of Abnormal Psychology*.

That study found that identical twins were only somewhat more likely -- and, in the case of women and older men, not any more likely -- than fraternal twins to share a diagnosis of alcohol abuse or dependence. Other studies have found that identical twins were more likely than fraternal twins to have alcoholism in common. But the difference was substantially reduced, according to a British study, once the tendency for identical twins to live together was factored in. Cohabiting fraternal twins were more likely to share a drinking problem than identical twins who lived apart.

Researchers at the University of Michigan found something even more remarkable. When they looked at the grown children of men with drinking problems, they discovered that nearly 85 percent drank very little or not at all, suggesting not only an aversion to their fathers' destructive habit but also the capacity to choose moderation. "People seem to be overwilling to accept genetic influence" as the key explanation for excessive drinking, says Robert Plomin, a prominent behavioral geneticist. "But the evidence for this isn't all that convincing."

Does all of this mean that biological factors are unrelated to how we behave? Of course not. Notes Leon Kamin, chair of the psychology department at Northeastern University: "There have to be biological correlates" to behavior. "Every time I emit a word, something has changed in my brain. Everything is a biological condition. So what?"

Just because a behavior or emotion corresponds to a change in a neurotransmitter (the chemical messengers in the brain) doesn't mean the neurotransmitter caused the behavior, says Kamin. That assumption -- which is widely made -- is much like "finding mucus in the nose of someone with a cold and saying, 'Aha! Mucus causes colds.'

"These days people are ready to accept quite uncritically almost any claim that fits in with a framework of biological determinism," Kamin continues. "As soon as claims are made" about a neurobiological basis of some behavior, "they're on the front page everywhere."

Why the biological bias? For starters, we might reflect on a comment once made by the psychologist Abraham Maslow: "It is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail." Translation: Train researchers primarily to do biological research and they'll approach every behavioral problem as if were biological in origin. Eventually these researchers will rise to positions of power and support more research that matches their own orientation.

Under such circumstances, few people are even looking at psychological problems from another point of view, such as a family-environment perspective. Researchers who might do such work "are discouraged about being able to get funding," says Wynne. "They feel the cards are stacked against them, so they don't apply."

For the rest of us, biological explanations have caught on for several reasons. First, they're easy to understand. If a father and son both have a tendency to hit the bottle, it's easiest to assume that alcoholism must be an inherited disease. (That Junior shares his dad's home may, of course, matter more than that he shares half of his genes.)

Second, genetic explanations are reassuring since they allow some people to feel less responsible for how they behave. Organizations composed of people suffering from mental disorders -- or their parents -- are especially fond of the theory that these problems are due to no-fault diseases that simply "happen" to people.

Finally, genetic theories are widely accepted simply because we've heard so much about them. The popular press seems particularly inclined to publicize research with a biological bent, perhaps because reporters share the general public's biases or because hard science claims make for sexier stories. Millions of readers open their newspapers and magazines to find articles based on the unproven assumption that our emotions can be explained by our brain chemistry.

In the days when biological factors were ignored by psychologists, when skewed parenting was thought to be enough to make people schizophrenic, some scientists stood up and said, "Hold on. It's not that simple." Today it's biological determinists whose work has taken over the field. It may be time once again to take a stand against the current fashion.

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Second Chance

By Shauna Busto Gilligan, Ireland.

With the birth of my son Fionn in December 2006, I felt I was given a second chance to do things *right*. My daughter Isolina was born in October 2004 and, as a first time mother, having gone through the pregnancy and given birth without female support or guidance, I listened to what society and the so-called experts told me. I breastfed but supplemented on the advice of authorities who – in hindsight – did not understand the notion of a hungry baby feeding often to build up supply and, although I felt like co-sleeping, on the advice of some public health nurses did not even try it.

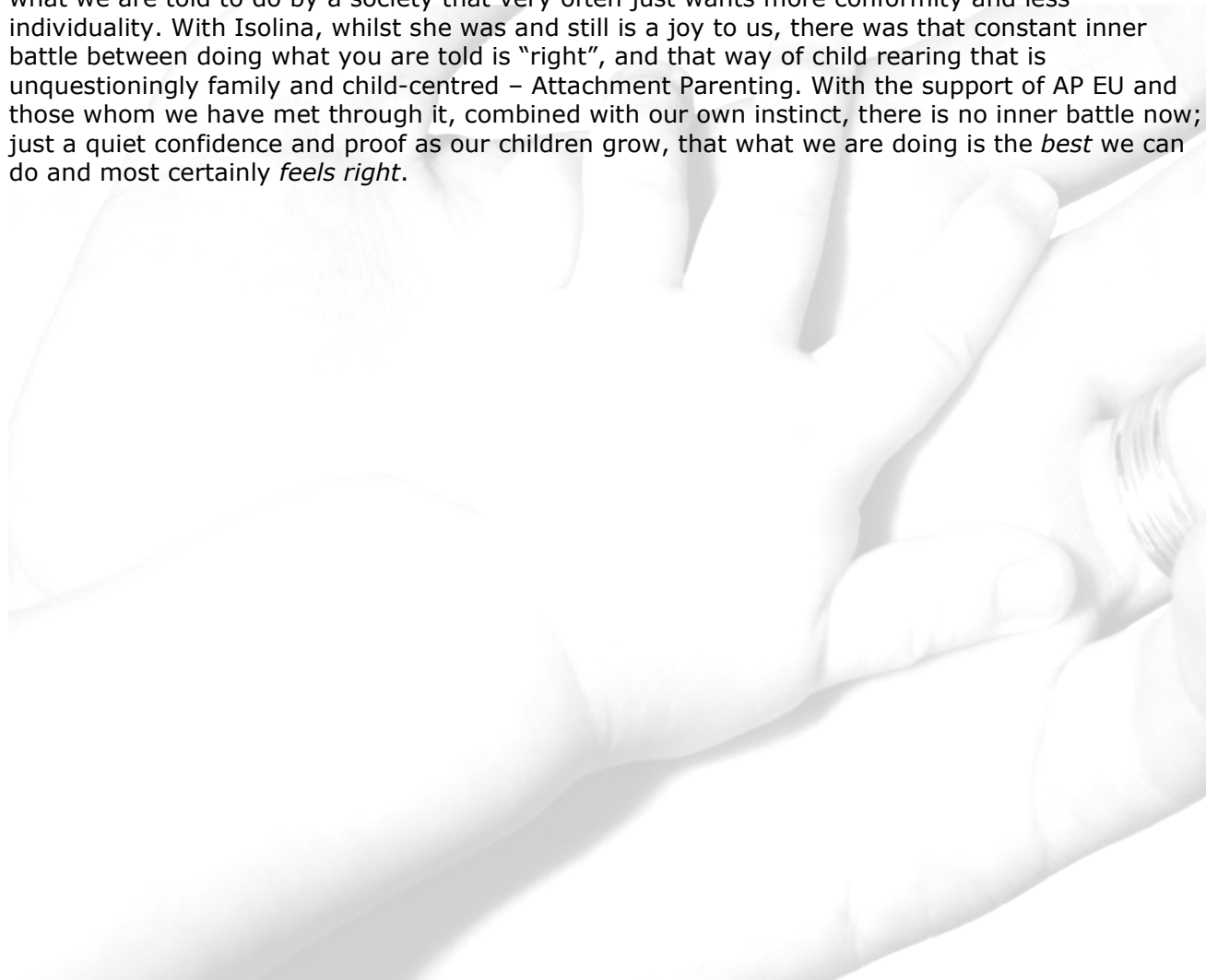
So Fionn was – as I see it – not only my second chance but also my special baby, the strong one. I suffered several miscarriages and, when I fell pregnant with him, was somewhat in denial until 15 weeks when I finally made an appointment with the maternity hospital. I was determined to follow my instinct throughout the pregnancy and the birth and was delighted that, despite conflicting opinions and advice, I did what I felt (not what I thought) was right. I had a few complications in the eighth month and was signed off work – normally I would have resisted this, but this time, I stayed at home, grateful to be home. The labour, whilst accelerated with oxytocin because I was dilating “too slowly” - (interestingly, the German midwife informed me that in Germany women are allowed to labour at their natural rhythm and speed) - the birth was natural with gas and air and Fionn arrived at 37 weeks weighing a fine 4.750kg after a seven hour labour (from 3cm). I put him to the breast straight away – it was a great start to a natural family union.

Along with the determination to follow my instinct on the physical aspect of pregnancy, birth and mothering, my husband and I were also eager to find different ways of rearing. I had returned to work full time when my daughter was 13 months and whilst my whole being screamed “no”, I left her in a local crèche in a room with three other toddlers and with what transpired to be an ever changing range of staff caring for her. Being a resilient being, she got on fine – never cried and wanted to go there at weekends – but something inside me believed that things were not quite right. Just over a year later, still not happy, I bought and read *The Continuum Concept*. I wept and was overwhelmed with both guilt for being away from my daughter and anger at myself for not having listened to my instinct, which was, of course, to be with her. I changed to a four-day working week, and we took her out of the crèche and moved her to a local childminder, a woman in her fifties who minded a large group of kids of all ages. Isolina blossomed there. She returned to being the feisty, fun-loving kid we knew at 13 months. As my husband put it she “was set free”. We were determined that Fionn would be reared at home by his parents until at least the age of three.

Whilst we had “worn” Isolina quite a lot as a baby in an unstructured soft sling, Fionn was the sort of baby who, when not nursing, wanted to be held constantly. The usual family and local authority advice was to let him “learn not to get his own way” but we were determined to follow what we thought was right. I held him when he wanted to be held, used the sling when we were out and through a chance encounter over an online conversation about schooling with Kate Byrne, was introduced to the world of *other* slings... pretty slings, coveted slings, gorgeous slings. Using these beautiful products – for they are beautiful: think luscious red silk – and the name of the style of parenting we had been thinking of. From having Fionn in the bed with us every second night – he had never “settled” in the cot – at around four months we switched to having him permanently in the bed with us. Besides the advantages of co-sleeping whilst breastfeeding, to this day, at seventeen months, we see the benefits of co-sleeping/ bed-sharing on a daily basis.

I returned to work when Fionn was 14 months and my husband to this day cares for our children full time. That year and a half that I spent at home with them both was, I can say without hesitation, one of the best years in my life. However, needs must and as the main wage earner, I now work my hours so that I come home for lunch every day and am home before 5.30pm. Fionn

is growing up to be a secure and confident child who eagerly and naturally displays affection, openly craves and gets affection and who, despite being a strappingly strong boy, is a gentle soul who is getting all the reassurance he needs. Never once have I heard him moan or whinge unless he is in genuine pain or distress (for example, an over zealous big sister wrestling him to the ground!) – I attribute this to our parenting methods 100%. It is through attachment parenting that he feels wanted and loved for who he is. Yes, we may give out to him or not be in a great mood some of the time but we know him, we love him and we accept him for who he is; he is part of this secure unit – me, my husband and Isolina. We are always commenting how much we are enjoying bringing this little boy up. He is a constant source of joy to us and I know that it is because we are *allowing* ourselves to go with the flow, with what feels right, not doing what we “should” do or what we are told to do by a society that very often just wants more conformity and less individuality. With Isolina, whilst she was and still is a joy to us, there was that constant inner battle between doing what you are told is “right”, and that way of child rearing that is unquestioningly family and child-centred – Attachment Parenting. With the support of AP EU and those whom we have met through it, combined with our own instinct, there is no inner battle now; just a quiet confidence and proof as our children grow, that what we are doing is the *best* we can do and most certainly *feels right*.



The Important of the In-Arms Phase

By Jean Liedloff

In the two and a half years during which I lived among Stone Age Indians in the South American jungle (not all at once, but on five separate expeditions with a lot of time between them for reflection), I came to see that our human nature is not what we have been brought up to believe it is. Babies of the Yequana tribe, far from needing peace and quiet to go to sleep, snoozed blissfully whenever they were tired, while the men, women, or children carrying them danced, ran, walked, shouted, or paddled canoes. Toddlers played together without fighting or arguing, and they obeyed their elders instantly and willingly.

The notion of punishing a child had apparently never occurred to these people, nor did their behavior show anything that could truly be called permissiveness. No child would have dreamed of inconveniencing, interrupting, or being waited on by an adult. And by the age of four, children were contributing more to the work force in their family than they were costing others.



Babes in arms almost never cried and, fascinatingly, did not wave their arms, kick, arch their backs, or flex their hands and feet. They sat quietly in their slings or slept on someone's hip — exploding the myth that babies need to flex to "exercise." They also did not throw up unless extremely ill and did not suffer from colic. When startled during the first months of crawling and walking, they did not expect anyone to go to them but rather went on their own to their mother or other caretakers for the measure of reassurance needed before resuming their explorations. Without supervision, even the smallest tots rarely hurt themselves.

Is their "human nature" different from ours? Some people actually imagine that it is, but there is, of course, only one human species. What can we learn from the Yequana tribe?

Our Innate Expectations

Primarily, we can try to grasp fully the formative power of what I call the in-arms phase. It begins at birth and ends with the commencement of creeping, when the infant can depart and return at will to the caretaker's knee. It consists, simply, of the infant having 24-hour contact with an adult or older child.

At first, I merely observed that this in-arms experience had an impressively salutary effect on the babies and that they were no "trouble" to manage. Their bodies were soft and conformed to any position convenient to their bearers — some of whom even dangled their babies down their backs while holding them by the wrist. I do not mean to recommend this position, but the fact that it is possible demonstrates the scope of what constitutes comfort for a baby. In contrast to this is the desperate *discomfort* of infants laid carefully in a crib or carriage, tenderly tucked in, and left to go rigid with the desire for the living body that is by nature their rightful place — a body belonging to someone who will "believe" their cries and relieve their craving with welcoming arms.

Why the incompetence in our society? From childhood on, we are taught not to believe in our instinctive knowledge. We are told that parents and teachers know best and that when our feelings

do not concur with their ideas, we must be wrong. Conditioned to mistrust or utterly disbelieve our feelings, we are easily convinced not to believe the baby whose cries say "You should hold me!" "I should be next to your body!" "Don't leave me!" Instead, we overrule our natural response and follow the going fashion dictated by baby-care "experts." The loss of faith in our innate expertise leaves us turning from one book to another as each successive fad fails.

It is important to understand who the real experts are. The second greatest baby-care expert is within us, just as surely as it resides in every surviving species that, by definition, must know how to care for its young. The greatest expert of all is, of course, the baby — programmed by millions of years of evolution to signal his or her own kind by sound and action when care is incorrect. Evolution is a refining process that has honed our innate behavior with magnificent precision. The signal from the baby, the understanding of the signal by his or her people, the impulse to obey it — all are part of our species' character.

The presumptuous intellect has shown itself to be ill-equipped to guess at the authentic requirements of human babies. The question is often: Should I pick up the baby when he or she cries? Or should I first let the baby cry for a while? Or should I let the baby cry so that this child know who is boss and will not become a "tyrant"?

No baby would agree to *any* of these impositions. Unanimously, they let us know by the clearest signals that *they should not be put down at all*. As this option has not been widely advocated in contemporary Western civilization, the relationship between parent and child has remained steadfastly adversarial. The game has been about how to get the baby to sleep in the crib, whether or not to oppose the baby's cries has not been considered. Although Tine Thevenin's book, *The Family Bed*, and others have gone some way to open the subject up of having children sleep with parents, the important principle has not been clearly addressed: *to act against our nature as a species is inevitably to lose well-being*.

Once we have grasped and accepted the principle of respecting our innate expectations, we will be able to discover precisely what those expectations are — in other words, what evolution has accustomed us to experience.

The Formative Role of the In-Arms Phase

How did I come to see the in-arms phase as crucial to a person's development? First, I saw the relaxed and happy people in the forests of South America lugging around their babies and never putting them down. Little by little, I was able to see a connection between that simple fact and the quality of their lives. Later still, I have come to certain conclusions about how and why being in constant contact with the active caretaker is essential to the initial postnatal stage of development.

For one thing, it appears that the person carrying the baby (usually the mother in the first months, then often a four- to 12-year-old child who brings the baby back to the mother for feeding) is laying the foundation for later experience. The baby passively participates in the bearers running, walking, laughing, talking, working, and playing. The particular activities, the pace, the inflections of the language, the variety of sights, night and day, the range of temperatures, wetness and dryness, and the sounds of community life form a basis for the active participation that will begin at six or eight months of age with creeping, crawling, and then walking. A baby who has spent this time lying in a quiet crib or looking at the inside of a carriage, or at the sky, will have missed most of this essential experience.

Because of the child's need to participate, it is also important that caretakers not just sit and gaze at the baby or continually ask what the baby wants, but lead active lives themselves. Occasionally one cannot resist giving a baby a flurry of kisses; however, a baby who is programmed to watch you living your busy life is confused and frustrated when you spend your time watching him living

his. A baby who is in the business of absorbing what life is like as lived by you is thrown into confusion if you ask him to direct it.

The second essential function of the in-arms experience appears to have escaped the notice of everyone (including me, until the mid-1960s). It is to provide babies with a means of discharging their excess energy until they are able to do so themselves. In the months before being able to get around under their own power, babies accumulate energy from the absorption of food and sunshine. A baby therefore needs constant contact with the energy field of an active person, who can discharge the unused excess for each of them. This explains why the Yequana babies were so strangely relaxed — why they did not stiffen, kick, arch, or flex to relieve themselves of an uncomfortable accumulation of energy.

To provide the optimum in-arms experience, we have to discharge our own energy efficiently. One can very quickly calm a fussing baby by running or jumping with the child, or by dancing or doing whatever eliminates one's own energy excess. A mother or father who must suddenly go out to get something need not say, "Here, you hold the baby. I'm going to run down to the shop." The one doing the running can take the baby along for the ride. The more action, the better!

Babies — and adults — experience tension when the circulation of energy in their muscles is impeded. A baby seething with undischarged energy is asking for action: a leaping gallop around the living room or a swing from the child's hands or feet. The baby's energy field will immediately take advantage of an adult's discharging one. Babies are not the fragile things we have been handling with kid gloves. In fact, a baby treated as fragile at this formative stage can be persuaded that he or she *is* fragile.

As parents, you can readily attain the mastery that comes with comprehension of energy flow. In the process you will discover many ways to help your baby retain the soft muscle tone of ancestral well-being and give your baby some of the calm and comfort an infant needs to feel at home in the world.

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Isabella Maike Drescher's Birth Story

By Diana Boskma

The story of an unassisted home birth by a mum determined to follow nature's path and let her body lead the way.

I was due on 12 February 2008. I was pretty sure of it, as my periods are really regular. On 14 January 2008 (35.6 weeks) I ended up having heavier contractions than I had had before; you know, the normal training contractions. It lasted all evening, but I could sleep very nicely after that. This happened a few times on and off during the next weeks, sometimes during the night, sometimes during the evening, but not once during the day. The nights did get me pretty tired though.

On 7 February 2008 we went to bed and then I had a contraction that woke me up again. By the time I dozed off again, another one came, but the times in between were very long, so I didn't take it serious at all. I just figured it was one of those sleepless nights again. At around 02.00 I needed to go to the loo. There I had another contraction, and didn't know what to think about it, whether to take it seriously or not. The other times it wasn't serious at all. So I went back to bed. Half an hour later I had another need to go to the loo, so I went again, and there had another contraction. On my way back to bed another contraction, so this time I decided to take it seriously and I woke up Michel telling him that I had contractions, but that I wasn't sure whether or not to take it serious as I had had several contraction nights before already. He decided to take it seriously as I had woken him up, which I hadn't done before, like that is good reason *g*.

So he started preparing what he felt he had to prepare, like getting towels out and stuff. I had to go to the loo again, and had several contractions, first with longer intervals than later.

For a while I was sitting there at the loo, losing whatever needed to be disposed of, and having contractions with much smaller intervals. We didn't really time them, as I wasn't interested. I was already happy that I had breathing space in between the contractions as I felt I hadn't had that with Anna, my previous baby. The waters broke as well and that made me pretty stuck to the bathroom, as I didn't want to ruin the carpet on the landing or in the bedroom, but that was fine, I didn't feel like walking anyway.



Slowly but carefully things started picking up in intensity. After a while I wasn't comfortable on the loo anymore, so I sat down on the towels on the bathroom floor. After a while that got annoying as well, so I sat on the rim of the bathtub. That was a bad choice, so I took the loo again, and I took this circle of changing positions and places a couple of times. I didn't take the rim of the bathtub anymore - that was very uncomfortable.

During my moving and changing positions Michel asked me a few times if he could do something for me. No he couldn't. He felt totally useless.

He quite quickly got the point of not talking anymore as soon as I moved my hand, as that meant contraction and I needed to focus, so he was very nicely in tune with me. It took me only 1 to 2 contractions in the earlier times to get the point to just shut up and wait until I had a break. Those

earlier contractions were relatively relaxed so it was no issue that he talked through those, but I really wanted to make sure that he didn't talk anymore when they got intense.

He told me a few times how utterly useless he felt and how he would really want to be of more use; tough on him.

At the time the contractions became really intense I asked him to massage my lower back a bit, as my sciatic nerve/muscle was acting up, which was painful. He right away did so. He also pushed on my hips at my request during contractions, both of which were quite a big relief, as it took the intensity out of it very nicely.

Michel posted on the forum at about 03.30 that I had been having contractions for about 1 hour. He did that with his laptop on the landing while I was in the bathroom, as he didn't want to leave my side at all. After that he needed to focus on me as I needed his massage and pushing on my hips, from above, so he didn't have time anymore to write anything on the forum.

After that posting things really started picking up. There was hardly breathing time and I really needed to focus on relaxing. I was considering asking him to fill up the bathtub to be able to relax more, but as I am not a short girl I decided not to as he had told me a few months before that the height of the water I wanted in there to cover me was not possible as that would be somewhat above the allowed height. [I talked to him about that thought a couple of days after Isabella's birth and he told me I should have told him, as he would have gone against health and safety regulations anyway to make me more comfortable...]

I kept on moving around for a while and then got nauseous, and this resulted in me going on my knees and leaning against the bathtub with my head hanging into the bathtub - that was actually quite a comfortable position. A few contractions later I felt I had to throw up, but ended up not actually having to do it. I told Michel not to worry as this was normal and he answered: "yes, transition."

And it was transition.

After that I felt the need to push. I had beforehand thought about not pushing myself, but let my body do it, but somehow that didn't work. There was such an insane urge to push that I really couldn't stop myself from doing it. Michel told me after the first push that the head was coming out and after 2 more the whole body was out and that was exactly 04.00 am. During the pushing stage I felt the need to put my hand on my perineum, which I hadn't done with my other births.

She had the umbilical cord around her neck. Michel saw that, but wasn't concerned at all; it was relatively loose, as he said afterwards. She was also with her head facing my right leg when she came out [I hadn't read about that position yet...]

When her body came out Michel made her do a somersault towards me to unwind the cord, so he could pass her on to me through my legs. I wondered why she came to me so strangely, and found out later when we discussed what had happened during the birth, as I didn't really see my own butt and stuff obviously.

Isabella coughed a few times to get some slime out of her mouth. I kept her on her side while I pulled her towards my chest, so it resulted in stuff really quickly coming out of her mouth. I wiped it away and she could breathe fine after those couple of coughs and she was pinked up in no time, although still somewhat grey coz of the vernix.

After Isabella was born I decided I wanted to lie around on the bed for a while, so I did, together with her, and this was really nice and cuddly. In the meantime Anna had woken up as she had

been sleeping alone in our bed and was totally surprised about having a little sister. As Anna was awake we decided to wake up Elise and Marissa as well, who loved their little nameless sister.

After the initial getting to know each other and cuddling phase the 3 of them went into one of the their bedrooms to play a bit to keep Anna busy as the placenta wasn't out yet and Anna was pretty grossed out by the cord, like the other 2 kind of were as well. The whole thought of the placenta coming out was not something they wanted to see. Unfortunately Isabella wasn't interested in nursing. I wanted to get the placenta out as I wanted to move normally again and I had hoped it was going to come out fast. No such luck. As I hadn't slept all night I was tired and really just wanted to sleep.

After about 1 hour we decided to cut the cord. It had stopped pulsing quite a while ago, so there was no need for it to stay attached anymore. Michel got the kitchen scissors from downstairs and asked me where he could find some yarn to tie around it. I told him to get it from the sewing area, so he got that too. Then he tied the cord on 2 areas and cut it in between there. There was a little blood dripping out, but that was it. We kept it relatively short, as I didn't want a very hard piece poking into her belly like that.

After about 1 hour I got fed-up with waiting for the placenta and remembered a post on the online forum about taking a pee. I tried to pee, and it worked, but not much and no placenta. About 15 minutes later I was seriously fed-up with waiting, so I asked Michel to get me the bottle of doing quai. I took 15 drops of it. This caused some contractions relatively shortly after. I had not had any contractions since the birth. Isabella also got more into wanting to feed so I tried that as well and yo! some real contractions and out came the placenta really easy. I had not been bleeding much at all so I had not once had a negative thought about waiting for the placenta. The only reason why I wanted it out was that it felt gross to have the sticky cord sticking on my legs all the time and I didn't feel comfortable at all about going to sleep with the placenta still inside.

I didn't tear at all, unlike with the other 3, where I tore a bit and each time got some stitches. The other 3 births were in different positions, so I think that on all fours is probably the best birthing positions for me

The piece of cord came off about 4 days after birth. It took about a week more for the umbilicus to not give off some fluids anymore.

Both the cord coming off so fast was surprising and also that it kept oozing a bit for about a week was unusual to me.

Isabella was nursing like a pro right away the next morning. We had a good sleep, however little it was. The kids were just totally in love with their new little sister and kept being around us a lot. The first day I stayed upstairs in bed. After that life slowly started again, as I felt really fit.

Observations from a Large Family

By Kate Byrne, APEU Ireland

The most enlightening observations in my own household have been made by watching history repeating itself time after time. My children have followed the same progressions, naturally and effortlessly. I have watched each one move through their ages and stages with knowledge that so much is a blueprint for human kind.

I suppose if someone had told me this before I had my oldest son I might have doubted them, but as more and more children came into our family, I saw that this was in fact correct.



From the newborn to the teenager, so much is a blueprint and much easier to understand with each developing child. I knew by my third son that he would probably stop eating well at around 2 years of age – and he did. I knew then that he would resume eating a more varied diet at around 6 years old – he did that too. I remember reading that this is a blueprint, nature's protection for the foraging children to stop them eating dangerous foods. So no battle of wills or power struggles but a healthy respect for nature's blueprints. So many other blueprints have revealed themselves that it has brought me much comfort to know that this is as it should be.

I had one such moment this week, my four year old son, who sleeps in the middle of our bed, had a mild temperature. He was asleep and not upset or in pain, just a little hot and had mentioned a sore throat earlier on. I felt his head before falling asleep and found myself waking every hour to touch his head briefly in my subconscious way to monitor his wellbeing. It wasn't anything apart from instinctive and it reassured me that these ancient survival tools are there for us all.

Community & News

Family stories

Good babies and well-meaning old ladies: some thoughts on sleep issues

From Jacqui in the UK, mum to Tom and his older sister Milly, in an online conversation with her local APEU group recently.

For those of you not familiar with the term ASBO, it stands for Anti Social Behaviour Order



Sleep issues are talked-up faaaaaar too big. Mind you, a bit of sleep deprivation can turn the best of us into neurotic obsessives, concerned only with where the next nap is coming from. Tom's sleeping is definitely a 'miracle' - if I was an expert at getting babies to sleep, Milly would also have 'got' it. More than ever now, I realise that some babies sleep and others don't. You can help or hinder the situation, but it's not all within your parental power - contrary to popular wisdom. One method does definitely not suit all. People are always asking me if he's 'a good baby,' and, in the context of what I know they are really asking, yes he is. However, the

bottom line is that he's a baby - how can he be 'good' or 'bad'?!? I'm tempted to respond, 'No - he has an ASBO and his first tagging order,' but what I actually say is, 'Yes, he's very easy.' I can't bring myself to be rude to old ladies (who are usually asking the question). School secretaries, on the other hand... ;-)

What they say, what they do

From Pendella in the UK

“

After another 'chat' about how we shouldn't waste food my 3 year old finally turned to me and said " but mummy there's never any food wasted in this house... because YOU eat it all!" Fair enough comment on her constantly ravenous tandem nursing mama!

”

Staying connected

From Beckie in the UK, a mum reflecting upon finding a moment of joy within family conflict.

The other day, my husband was in a particularly impatient mood brought on by a week of migraines and poor sleep, and while I was upstairs settling our 1 year old down for a midday nap, he got into a blazing row with our 7 year old son, Jake. Jake and our 4-year-old daughter, Bethan, were sat drawing at the table, and he scribbled on his sister's picture. She naturally was upset,

and screamed at him, attracting her dad's attention. Dad stormed in and in disgust at what Jake had done, yelled at him and scribbled on *his* picture. I came downstairs to find Jake beside himself with anger and outrage, and truly devastated by what his dad had done, floods of tears pouring down his face. I felt a turmoil of emotions myself – fear for my son's emotional welfare, anger at my husband, anxiety for my daughter whose own distress seemed to have been completely bypassed – but decided to try and stay connected to the deep sense of love I have for our kids. It guided me to just stand with Jake while he raged, holding him when he wanted it. When he subsided a bit I went to speak to my husband, and Jake started kicking some toys around the garden and threw some tools on the floor. I insisted on letting him do it – I felt very strongly that he needed to vent his feelings, and what he was doing wasn't so violent that anything was getting broken or anyone was in danger of getting hurt. I know he heard me protecting his right to be angry, and that my acceptance of him in this angry state was clear and true. My husband and I had some fighting of our own to do, after which we made peace with each other and he with our son, who accepted it and went on to spend some really wonderful, intimate moments with his dad playing and working in the garden together. What was clear to me afterwards was that we had all allowed ourselves to communicate how angry and upset we were – nobody slipped into the role of pacifying and fixing (usually me) – and in doing so had found a way back to harmony. What I was infinitely grateful for was the knowledge that I had been able to stay connected to my son through this turmoil.

Recipes

Please send us your family-friendly recipes to share in this section of the newsletter (email kate@attachmentparenting.eu). They might be tasty ways to get your kids to eat vegetables, healthy sweet recipes, easy dinners to cook when you have little time, or like this month, recipes that are a meal in one, that can be prepared in advance and left to cook, requiring minimal effort to serve.

Dutch pea soup

From Diana Boskma, APEU Surrey & Hampshire, UK

500g pork, which can be cooked already
500g split peas, yellow or green; in Holland traditionally you use green, but I have used yellow here as well.
1 celeriac
4 carrots
2 onions
2 leeks
water

First put the meat with the split peas in a pan with water and let it cook for about 1 to 2 hours. Chop the veggies into cubes. When the meat is done and the peas are soft, add the celeriac, carrots, onions & leeks and let it cook until it's all soft and mushy, which can be for another 1 to 2 hours. Add salt and pepper to taste, and eat warm.

Chorizo stew

From Beckie Bradshaw Levy, APEU Surrey & Hampshire, UK

1 onion
1 chorizo sausage (not the thinly sliced kind, the sausage-shaped kind you cut up yourself)

2 garlic cloves
2 tins of tomatoes (chopped)
tin of beans – of your choice, e.g., chickpeas, butter beans, cannellini beans
500g baby or new potatoes, or the waxy kind that hold their shape whilst cooking
dried oregano or basil

Chop and sauté the onions in some oil. Slice the chorizo into discs about ½ cm thick and add to the onions. Cook gently until the onions are soft and squashy and are all orangey from the oil coming out of the chorizo. Add the garlic, finely chopped or minced, and then the tomatoes and herbs. Add the potatoes, chopped into pieces, and then the beans. Leave to simmer away gently for about 45 minutes or until the potatoes are cooked through. Check for seasoning, although as the chorizo is quite salty, you shouldn't need to add much.

Serve on it's own with a hunk of good bread, or over something simple like rice or couscous.

Q&A

Question

From Danielle, UK, nanny to Lucas, age 2

My week with the children has not got off to a good start, well just with Lucas really. I noticed a slight change before the holiday, an increase in aggressive and challenging behaviour and just blatant disobedience. But having 2 weeks with grandparents spoiling him, which included eating utter rubbish for 2 weeks, he has come back a 2 yr old with attitude and by this afternoon today I was not feeling like practising GD (gentle discipline). Actually I will readily admit he had a time out, although mainly for my benefit while I had some thought on what to do lol.

Problems are: Eating - unless it is pasta or cheese (and not always with these) and SWEETS. He will say 'dont like it'. After 2 weeks of crisps, chocolate and cookies I know I will have my work cut out getting him to eat normal food. But he does this annoying thing of putting a knowingly large amount in his mouth that he can't possibly chew, and then making himself gag on it so he can spit it out, then he laughs and says 'done, something else'. We usually say, no this is what is for dinner you need to eat some or you will be hungry, if he says no again then he can leave it but is offered nothing else. But when he sees his sister snacking after she has finished, he then expects dessert/snacks and has a major tantrum, which sometimes includes us being smacked by him.

Talking Back - His parents and I do not condone rudeness and talking back. He will shout demands at me, 'WANT DRINK' 'HOLD MY HAND' etc. This is new as before he used to ask so nicely even with an un-prompted please at the end. I don't know where he has got this from as neither his parents or I speak this way to him and his sister is very polite.

When we were at soft play this afternoon, he was being aggressive and this was after a day of dealing with unwanted behaviour so he was made to come and sit down for a bit and calm down. Then I tried to talk to him; we used to be able to have a little chat about unwanted behaviour (obviously simple and appropriate to his age) and a cuddle and 'I still love you' etc and it would all be fine. Today, he didn't care, wouldn't look me in the eye, just smirked when I was talking, and when I asked if he could try and play nicely he said 'no I won't' and laughed. So I sat him back down again for a second.... as I said mainly cos I was in shock at him, he seemed a different child to the placid easy going loving baby I have had for 2 years till now. Then I picked him and made

him look me in the eye and I said, in a minute you can go back to playing with your friends, but you need to do it without smacking or throwing balls at anyone. He then did go and play nicely for the remainder of the session

It just seems nothing is getting through to him; he does not seem to care what you do. I have been having to shout, which is not nice for either of us, because trying to talk nicely, get him to co-operate, or stop the unwanted behaviour gets ignored; he just laughs and carries on with whatever he was doing. His parents use time out sometimes, usually for fighting, but he doesn't care, in fact he often puts himself in time out and laughs. I know 2s are a challenging time but the fact that he is not caring whatever approach I seem to take is tiresome. I need some inspiration here from you ap-ers, I want my sweet, fun little charge back. He was always cheeky but in a sweet way.

Answer

From Beckie, APEU Leader Surrey & Hampshire, UK

It sounds like Lucas is clearly developing a bit of spirit! My kids have been and do all go through phases that feel incredibly trying to me as a parent and nothing pushes your buttons like a bit of rudeness or defiance! I find that a sense of humour really helps. Also, when I find myself getting into conflict with one of my kids, especially when it seems to come to a battle of wills, I try and back off as much as possible. Take a moment to breathe and relax, look at the little person in front of me and see them in all their glorious, wild, spirited splendour, and just give it up. There's no point fighting it, someone always loses - most of the time it will be you! But how miserable you both feel whatever the outcome - lopsided, out of sync, cross, etc. I'm not saying give in to whatever the child wants (although you might decide, for example, that eating a limited diet is OK for now). If you can stop thinking about it as being about him being obnoxious and not doing what he's told, and start thinking about him as being a feisty little man who is growing into an independent person with individual and unique desires and tastes and needs, then maybe you can let the fight drain out of these difficult situations.

Make it funny, like, for example, when he overstuffs his mouth with food and says "something else", you could smile and say "how about a (look around quickly for nearest object to hand) pencil? Mmmm, I love pencils (you pretend to munch on the pencil and then offer it to him)" and carry on suggesting silly "something elses" until you're both giggling and having fun. He may decide to eat something once he realises a fight is no longer on the cards. Or he may not. Either way, make your peace with it; know that he's not going to live on pasta and cheese forever.

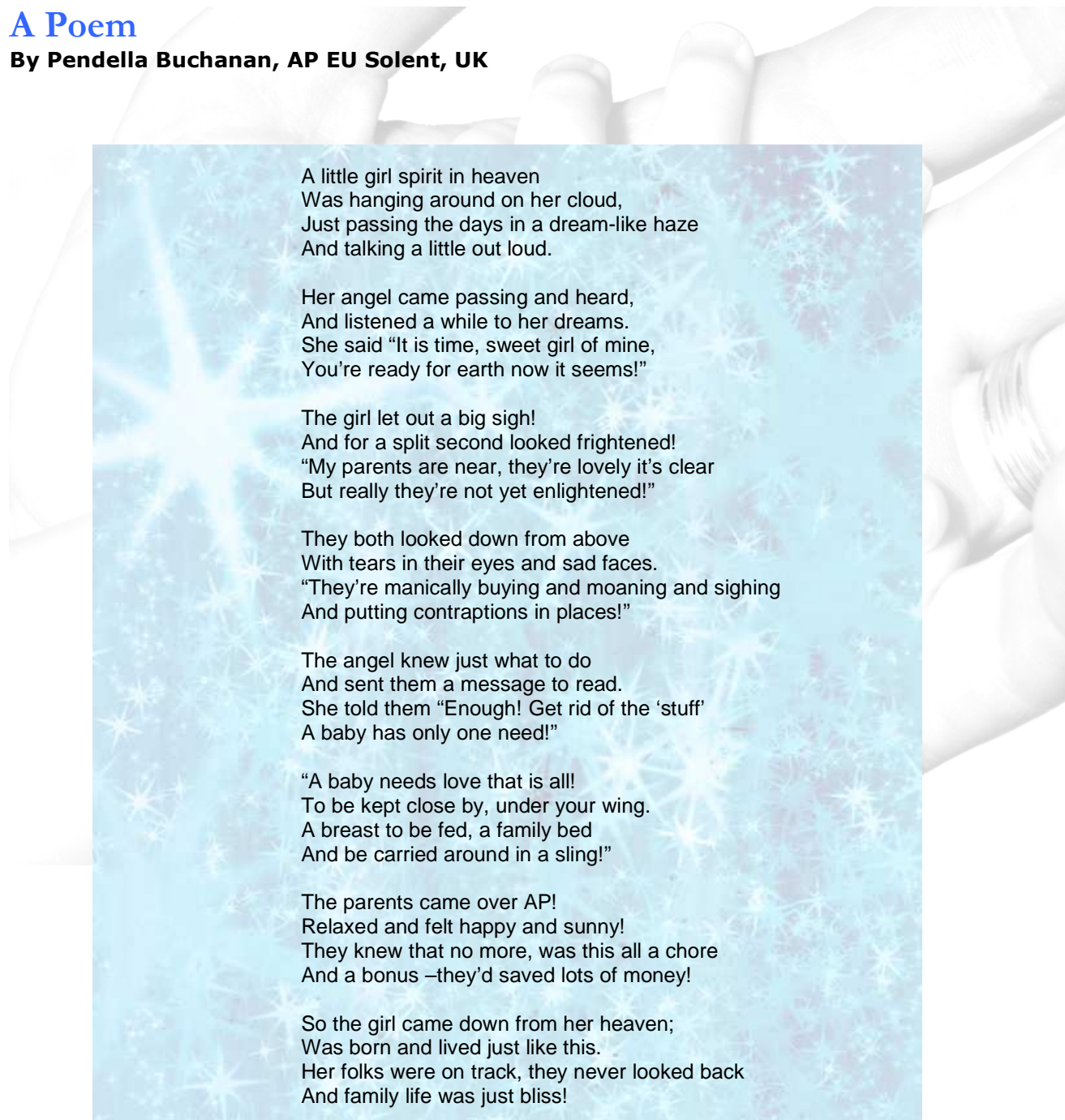
When he's being "rude" or demanding, you could make a game of it again... For example, Lucas: "WANT DRINK!" You: "What was that, Lucas? Did you say you want something PINK? How about some frilly pants?" Get silly and make each other laugh. Keep modelling good etiquette in the meantime, and trust that he will remember it again sometime soon.

As for aggressive behaviour with other kids, I think the sort of time out you described is all right in that situation. I don't like time out as a method of discipline generally - it's just a form of punishment - but when you stay with the child, it's a different thing altogether, especially if you're not thinking about it as a punishment per se, just a way to change the dynamic. I think when a kid is hurting other kids, taking them out for a bit can be good for everyone. Perhaps take a snack break or go for a drink. I find soft play centres are extremely high energy and can bring out the wild side of kids, especially boys - at times it seems like they're all acting out characters from Lord of the Flies! When I go to these places, I try to go when it's quiet, and usually stay for a limited amount of time. At Lucas's age, I would go round with my son if he was getting into scuffles with other kids. Hard on the knees, I know, but better than watching it happen from outside the play area and not being able to get there before someone gets bitten or scratched or something. Again, just try and stay with the knowledge that he's just learning how to express himself - he's not going

to use such a crude means of getting what he wants forever. He *will* learn to handle himself more appropriately. Be his guide along the way, accepting him and his feelings and his behaviour as all part of him finding his way - show him you understand his feelings where you can (e.g., I can see you really didn't like how that kid pushed in front of you) and be his advocate if necessary - help him get through a potentially confrontational situation with another kid without violence (e.g., Excuse me, Lucas was about to go down the slide. Let's take turns and let everyone have a go, and then we can all have fun together.)

A Poem

By Pendella Buchanan, AP EU Solent, UK



A little girl spirit in heaven
Was hanging around on her cloud,
Just passing the days in a dream-like haze
And talking a little out loud.

Her angel came passing and heard,
And listened a while to her dreams.
She said "It is time, sweet girl of mine,
You're ready for earth now it seems!"

The girl let out a big sigh!
And for a split second looked frightened!
"My parents are near, they're lovely it's clear
But really they're not yet enlightened!"

They both looked down from above
With tears in their eyes and sad faces.
"They're manically buying and moaning and sighing
And putting contraptions in places!"

The angel knew just what to do
And sent them a message to read.
She told them "Enough! Get rid of the 'stuff'
A baby has only one need!"

"A baby needs love that is all!
To be kept close by, under your wing.
A breast to be fed, a family bed
And be carried around in a sling!"

The parents came over AP!
Relaxed and felt happy and sunny!
They knew that no more, was this all a chore
And a bonus –they'd saved lots of money!

So the girl came down from her heaven;
Was born and lived just like this.
Her folks were on track, they never looked back
And family life was just bliss!

Join the Community

Would you like to get news from APEU?

Sign up for the news by email or news feed on the website. Archived news is at <http://www.attachmentparenting.eu/news>

The web site is up and running and can be visited at www.attachmentparenting.eu. There is a great discussion forum in English, German and Dutch at this stage and we hope to be adding French, Danish and Italian in the near future.

AP EU is holding monthly On-Line Support Meetings in the 3rd Wednesday night of every month at 8.30pm GMT. At this stage the meetings are held in English but as time goes by we should be hosting meetings in other languages too. To connect to the meeting, go to <http://chat.xs4all.nl>, choose a nickname, enter channel: **#apeuch** and join in.

You are all welcome to join the new mail group for support and discussion at <http://groups.yahoo.com/group/apeu/>. You can subscribe by sending a blank email to apeu-subscribe@yahoogroups.com.

Please email me with and comments or news to include in our next edition on Kate@attachmentparenting.eu.