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gestalt theory

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THE STRUCTURE OF CRITTENDEN'S CARE-INDEX FROM A THEORETICAL GESTALT POINT OF VIEW

Morena Muzi

Introduction

The aim of my article is to explain that the CARE-Index addresses the theme of relationships, just like in Gestalttheorie studies. In this case natural situations for the child and mother or father are used to examine the caregiver-baby relationship. This relationship must be understood in the sense of Max Wertheimer as a whole, where in order to understand what happens in a part is determined by the structural laws of same whole.

The CARE-Index evaluation (P.M. Crittenden 2003, 2004) is a study on the caregiver - baby (0-24 months) relationship in which the gestaltic formulation is sure, even when it is not consciously explicit. This tool consists of a videotaped game, lasting 3-5 minutes, played between mother and baby and/or father and baby; this situation is a quasi-experimental, natural situation for the baby (and can be conducted at subject's home).

The novelty of this evaluation system consists of an examination of caregiver-child interactions in an environment which is natural and familiar to the members of the dyad. Therefore this tool provides complete information on the characteristic aspects of the interactive behaviour of the dyad partners (adult-child) through the analysis of the following factors:

1. facial expression,
2. verbal expression,
3. posture and body contact,
4. affection,
5. talking in turns, pseudo-dialogue
6. monitoring and control by the adult,
7. choice of activity.

The first four factors allow an evaluation of the emotional states present in the dyad and the last three determine temporal contingencies. The CARE-Index also allows us to observe the sensibility of the caregiver to the signals of the child: this is the central structure upon which the system of coding is based. Specifically, the adult's sensibility in the game is made up of any behaviour pattern that creates pleasure for the child by increasing his/her comfort and attention, and by reducing his/her uneasiness and releasing him/her from stress. Using this definition, the behaviour of the child becomes an integral part of the adult's sensibility, since an adult can be sensitive only to the extent to which his/her response is suitable to the specific individual characteristics of the child[1].

[1] Regarding the validity of the tool, both in clinical and research fields, it must be underlined that a single evaluation of the caregiver-child relationship, conducted with the CARE-Index, is not sufficiently reliable to motivate clinical decisions if the evaluation is not made in association with other information from other

The Procedure

The short video of the interactions of the CARE-Index game, as specified above, is carried out in a natural environment, without causing particular stress to the observed dyad. This is a totally different investigative tool from the Strange Situation.

The procedure can be used for research or application purposes, for population screening, diagnostic support, selection of intervention type and for considering the results of treatment. It needs to be emphasised that this instrument provides information relating to the phenomenology of the observed dyad, taken separately and individually. The adult is asked to play with the child as he/she usually does using toys in a box provided by the observer. The toys are suitable for an ample range of levels of development; they are relatively few in number but varied in type. The videotape must last for no more than 5 minutes as excessively prolonged interactions can become stressful both for the caregivers and for the children.

The observer and the caregiver choose a space on the floor, or chairs for newborn babies. A blanket is positioned on the floor upon which the box of toys is placed. The observer invites the caregiver to sit with the child in the way that for him/her is usual, and "to play with your child as you would normally do, using the toys or not, as you prefer, without worrying about the video camera".

At the end of the filming session the observer switches off the video camera and he/she allows the dyad to leave the game in their own time. Thus, in a short video we can examine the factors that categorise the dyad's behaviour during the interaction and to codify it qualitatively and quantitatively, in order to define both the caregiver's pattern (sensitive, checking, non-responsive) and the child's pattern (cooperative, difficult, compulsive, passive).

This procedure can be carried out with father and child, mother and child or both parents and child. In this way we obtain scores for all interactions. The scores obtained from interactions of both parents and child must be interpreted separately. The CARE-Index does not directly evaluate attachment patterns but it appraises the characteristic dyadics that are attachment-related.

Aspects of the Interaction Related to Age of Child

If we, for example, conduct a CARE-Index evaluation of a caregiver-child interaction in the 0-3 months band the central structure is the regulation of the physiological state of the baby. In order to codify the videotape the first question we ask is: does the caregiver create sufficient conditions for the baby to remain in a vigilant and relaxed state for a long period of time?

We consider the postures of caregiver and child, especially if the caregiver holds the baby in his/her arms comfortably, in a position that allows the baby to get a good view of the adult's face, if the head is lifted, and also if the limbs are partially

investigative sources. The short videos are useful in helping parents to interpret their own children's signals; the films are of both therapeutic and informative value to parents.

contained. We research the indices of the dyad function and the global and complex characteristics of the interaction, such as the physiological match and the ability of the parent to comfort the baby in the first 2-3 months of life.

The observer analyses the degree of adaptation to the rhythm and the synchronisation of their own movements to those of the baby so as to increase, maintain or decrease the baby activation, and/or to facilitate a moderate activation in a vigilant state. The quality of the contact with the baby's body is very important, as is the expression of the caregiver's face and the quality of the caregiver's voice:

"when babies become vigilant, and they sustain their attention for a longer period, or they express some peaks of excitement, they become vulnerable to a change of affective state, and they often fall into a state of suffering. The adults should regulate the activation of the baby so as to maintain the baby's vigilance but not make him/her over-excited. Intensely activated babies end up crying if the adult does not foresee the point of break-up in the affective state of his/her child, and if he/she does not softly lower the activation level of the baby before it becomes suffering. [...] Nothing is more attractive for a baby than his/her mother's caring and responsive face. A lot of mothers, however, do not discover this, and they feel they have to add something, like toys. Usually, this annoys the baby or it causes him/her to suffer. Mothers should be encouraged to use their own attention and their own involvement to communicate with their children. Not so much should be expected from children of 6 weeks: it is common to observe periods of careful interaction lasting 10-20 seconds"[2].

A parent's ability to comfort the baby derives from his/her understanding of biological rhythms, such as sleep, hunger, pain etc., and from the speed of suitable response from the parental figure to the baby's demands and from the activation of behaviours that calm and assuage the state of suffering. But if we appraise, with the CARE-Index, a caregiver-child interaction in the 3-9 months band the central construction is the succession of the dyadic turns in activity and shared pleasure.

Right from 3 months to 6/9 months the caregiver can help the child to find and to expect repeated dyadic sequences where both develop a role, and both create varied game sequences. The synchronisation of the baby's affective state and the succession of turns in the activity are central elements of this stage and the principal purpose becomes the feeling of pleasure in sharing an activity, in recognising the structure of the succession and in regulating the turns together (E.Z. Tronick 1989; C. Trevarthen 1997).

"Behind the question of the succession of turns there is the theme of the reciprocal roles between parental figure and baby. [...] When there is no accord on the nature of the relationship, communication may fail. In early infancy, this negotiation is closer to the surface than later in life, particularly because the content of non-verbal communication is minimal. Besides, babies, because of their immaturity, lack experience and are physically vulnerable. [...] Therefore, babies must find a role within the range of possibilities created and permitted by adults. The CARE-Index is a way to appraise the development of these relational roles"[3].

If we appraise, with the CARE-Index, a caregiver-child interaction in the 9-15 months band the central construction is the joint and shared game with organised

[2] Crittenden P.M., Training course of the CARE-Index, 14-17 April, 17-20 September, Udine, 2003.

[3] Crittenden P.M., Training course of the CARE-Index, 14-17 April, 17-20 September, Udine, 2003.

sequences, as well as the degree of activity in the interaction by both members; like for instance, who decides what toys to play with, how near he/she is, how keen the child is in the game activity, if the child likes what he/she is doing with the caregiver and what type of eye-to-eye relationship is established between the two. Particularly when appraising the interaction the caregiver must be aware that the child may devote great attention to an object rather than to the caregiver.

It is equally possible that the dyad activates a mutual communication, sharing the interest for the same object and commenting on it: the caregiver, through the use of words combined with gestures and affective expressions, and the child through vocalisations, pointing gestures, facial expressions and excitement of the body. If we appraise, with the CARE-Index, a caregiver-child interaction in the 15-24 months band the central construction becomes the game based on objects and non-verbal negotiations about divergences: the desire and the ability of the child to broadly explore and the ability to use negative affective states to reach his/her own objectives. Also in this phase an investigation must be made, through an analysis of the videotape, of the caregiver's ability to establish a hierarchical relationship in which the child can safely explore and help to regulate the negative affective states in such a way that it has a communicative function, and finally to favour oral production and receptive language in the child:

"At this age children start moving and exploring much more, while adults often want to protect their child from hurting him/herself. [...]Attempts by the parent to protect the child from these dangers create a substantial change in their relationship. Before, the relationship consists purely of caring, because the adult offers protection and comfort and the child is not able to put him/herself into dangerous situations. [...], the parents must establish a strategy of dominance with children. The function of this hierarchy is to strongly underline to the child how important it is to behave as the parent demands. [...]Parents and children of this age, in other words, begin to establish relationships based on power conflict"[4].

From the age of 2 years linguistic mediation of play, mutual communication and negotiation (plan-making and divergences in desire) become the central construct of the caregiver-child interaction. Children begin to use language, as opposed to the non-verbal displays of affective state, as a fundamental communicative structure. The observer considers the caregiver's ability to help the child in mutual communication and in negotiation, both of plans and of divergences in desire.

The observer examines the content of the parent's discourse, if it is rich in commands and/or encouragements, of expansions of the child's words; if the caregiver's conversation is easily comprehensible, if the tone of the caregiver's voice is appropriate to the situation; and finally, as the caregiver's conversation changes, if the child does not behave according to expectations.

It is clear, therefore, that all these elements favour a detailed analysis of the caregiver-child relationship according to the developmental changes of the baby in the interactive dyadic behaviour.

[4] Crittenden P.M., Training course of the CARE-Index, 14-17 April, 17-20 September, Udine, 2003.

The CARE-Index from a Theoretical Gestalt Point of View

This tool provides specific information on a dyad, on the relationships between mother and child and/or father and child, not on single individuals.

It appraises their sensibilities through the exploration of different behaviours according to the child's age. The analysis that the CARE-Index allows us to make considers any configuration of behaviour that produces pleasure in the child and increases the child's comfort and attention.

I believe therefore that it can be deduced that the CARE-Index addresses the theme of relationships, just like in Gestalttheorie. M. Wertheimer (1921), as Galli recalled in his introduction, sustained that:

"There are complex situations where, in order to understand what happens overall, we cannot overlook how single components are made and how they connect with each other. Rather, what happens in a part of this whole is determined by the structural laws of the same whole".

The meaningful, natural and defined situation that this tool allows us to analyse arises from an interaction in which the main players are the caregiver and the child, but in particular the caregiver-child dyad. This dyad is seen as a system, as a totality. Analysis of single aspects of the behaviour of the two partners allows us to examine the construct of the sensibility that characterises the dyad: the caregiver is sensitive only to the extent to which he/she answers suitably to the specific individual characteristics of the child who becomes an integral part of the adult's sensibility. The observation and evaluation of the behaviour of the two partners initiates from a vision of a whole, as for instance when the videotape is seen for the first time before codification, then the information is gathered and the meaningful elements are examined, both for the caregiver and for the child, and these acquire a meaning when returning to a vision of the interacting dyad, as G. Galli said in quoting W. Metzger:

"the whole exists only in its parts and in its well-defined positions, and on the other hand, these components have the character of parts and well-defined positions only in a whole, with all that this implies. [...] Not only the qualities of the whole but also the global determination of the parts and their functions only become evident if a holistic point of view is adopted". [5]

Summary

The CARE-Index is an assessment instrument for caregiver-baby dyads, created by attachment theorists. The CARE-Index consists of a videotaped game, lasting 3-5 minutes, played between mother and baby and/or father and baby. This situation is quasi-experimental, natural for the baby.

The instrument provides specific information about the dyad, that is, about the dyad relationship, and not about a single individual. It addresses the theme of relationships, just like in Gestalttheorie. This dyad is seen as a system, as a totality.
Keywords: Expressive quality, dyadic relationship, adult's sensibility, interactive behaviour, dyadic totality

[5] Galli G., Translated from *La Gestalttheorie come teoria metodologica*, in A.A.V. (edited by), *La rilevanza della Gestalttheorie per la ricerca psicologica*, Edizioni Simple, Macerata, 2007, 5-15.

Zusammenfassung

Der CARE-Index ist ein Messinstrument, das von Bindungstheoretikern für die Zweierbeziehung Säugling - betreuende Person entworfen wurde. Der CARE-Index besteht aus einem drei- bis fünfminütigen, auf Video aufgenommenen Spiel, das von Mutter und Säugling und/oder Vater und Säugling gespielt wird. Die Situation ist quasi-experimentell und für den Säugling natürlich.

Das Instrument liefert bestimmte Informationen über die Dyade, und zwar über die dyadische Beziehung und nicht über eine einzelne Person. Es wird, wie in der Gestalttheorie, die Beziehung zum Thema gemacht. Die Dyade ist als ein System, eine Gesamtheit anzusehen.

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