

## Here's Looking at You Mom: The Role of Gaze in Early Attachment

By Millie Smith, Teacher Trainer, TSBVI, VI Outreach

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The first significant visual event in a baby's life is gazing at her caregiver's face. The baby is able to focus on objects about eight inches away. This is usually the distance between the caregiver's and baby's faces (Stern, 1977). By six weeks, the baby can look directly at her caregiver and hold the gaze with eyes widening. By three months, the baby can follow the movements of her caregiver as she moves about at a distance (Morse, 1991).

The baby's relationship with her caregivers during the first three months of life is not limited to visual experience. Recently, hospitals have discovered that premature infants develop better if they are taken out of incubators for periods of time, and held against the skin of the caregiver. The warmth provided this way fosters growth better than that provided by the incubator. Everyone knows the trick of quieting a new puppy by putting a clock in the basket to imitate the sound of a heartbeat. A baby also appreciates these sounds and the babbling and cooing caregivers are inclined to provide. The special significance of eye gaze in early attachment seems to be related to the fact that it is a shared communicative experience between the baby and caregiver. The message sent and received by both parties is usually, "You are wonderful."

There are three basic head positions of the baby that almost all adults interpret the same way. The head at midline with eyes looking straight at the caregiver is interpreted as an invitation for interaction. The caregiver tends to gaze back and coo when the baby's head is in this position. When the baby's head is turned slightly to the side, the caregiver usually thinks the baby is losing interest in her. She may do something to attract the baby's attention, or she may terminate the interaction. If the baby's head is turned sharply, lowered, or thrown back, the caregiver is likely to assume that the baby doesn't want to interact. The message received by the caregiver, sometimes unconsciously, is "Go away." or "Leave me alone." (Stern, 1977).

Caregivers of babies with visual impairments need to be aware that, for them, these head positions must be interpreted differently. Babies with visual impairments may turn their heads to the side because they see better straight ahead with their heads turned. Babies with little or no vision may turn their heads to the side, up, or down because they are listening and touching, not looking. Most caregivers will have to consciously override the strong instinct to interpret these head postures as requests to stop interacting. When a baby has a visual impairment, a better way of determining the right time to stop an interaction might be to read muscle tone, breathing rates, and vocalizations. For some caregivers, it will be a little harder to read invitations to initiate interactions. The direct straight- on head posture that signals readiness for interaction may never appear. Caregivers could wait for other signals like cooing or increases in movement, but some babies may take a while to learn those ways of communicating their desire for interaction. Perhaps the safest thing to do is to initiate interactions frequently without waiting for

a request. So far, there is no evidence that babies suffer from too much attention in the first three months of their lives.

Caregivers can also do a couple of things to make it a little easier for babies with visual impairments to gaze at them. First, some parents have reported that they get much better eye contact with their babies when the baby is lying in its crib, rather than sitting up in its seat or being held. The baby can probably see the parent's face more clearly when it is lying down because the face has a clear background behind it - the ceiling. When the baby is more upright, the background behind the parent's face is more complex. The baby has a hard time figuring out what is face and what is furniture, pictures, wallpaper, etc. Second, the baby can put all its energy into gazing when its head is supported properly. If the baby is having to work to stabilize its head or other parts or its body, it has less energy left over for looking.

There is another factor that may influence gaze behavior in babies. Some babies with visual impairments have difficulty handling stimulation from multiple sources. They may compensate for this difficulty by responding to only part of a stimulus. Sometimes the part they respond to is not the part we expect them to find interesting (Morse, 1991). A baby having this difficulty might look at the hairline or an eyebrow rather than the eyes themselves. The caregiver may feel somewhat rejected. In fact, the baby may be trying to simplify its sensory experience. If the caregiver does what most caregivers do, she is gently swaying as she looks at the baby and coos at it. Not only that, she is probably changing her facial expression as she talks to the baby. This is a lot of stimulation. "As the complexity of these simultaneously presented sensory demands increase, the processing difficulties may correspondingly increase." (Morse, 1991) The baby is likely to fall back on her preferred sensory system at these times. If she has a visual impairment, that system is not likely to be the visual one and she may avert her gaze (Morse, 1991). In this case, the message is not "Leave me alone." It is "Give me a little less a little slower."

Caregivers can figure out ways to attach by using the unique visual style of the baby and/or by using other sensory input and types of communication when they realize that head posture needs to be interpreted differently for the baby with a visual impairment. With some adjustment, attachment can begin positively. The baby can learn that she has the power to draw her caregiver closer to her (Pogrund, Fazzi, & Lampert, 1992) and the caregiver can learn to pace her interactions according to the baby's processing needs. Mutual closeness between the baby and her caregivers is the launching pad for the development of skills related to everything else!

## References

- Morse, M. (1991). Visual gaze behaviors: considerations in working with visually impaired multiply handicapped children. RE:view, 23, 5-15.
- Pogrund, R., Fazzi, D., & Lampert, J. (1992). Early Focus: Working with Young Blind and Visually Impaired Children and Their Families. New York: American Foundation for the Blind.
- Stern, D. (1977). The First Relationship: Infant and Mother. Cambridge, MA: Harvard University Press.