

On the Importance of Being Odd

In our struggle to preserve and enhance the development of a baby by supporting and influencing the family, one of our few "aces in the hole" may be our willingness to be *odd*. Odd, meaning different than most people the family has known, not matching the mental image of the caregiver, yet being utterly predictable in our respectful attitude and our ability to trust in the competence of the family. At times, the most significant way to help the baby will be to gently challenge the existing representational model of the caregiver and provide an alternative, mobilizing, and in some cases, corrective experience.

For example:

- A. We are willing to be *students* and to allow mothers and fathers to be our *teachers*, our guides. They may know little about being on this end of a hierarchy, and it may be terrifying. Certainly it may be terrifying for *us*, who must give up some of our control, and our need to know and to guide. Being *odd* in this way may also disallow us the opportunity to puff ourselves up when the family does well, or to gloat over the family's resistance when they don't do well.
- B. We are willing to arrive for a session with no agenda--or, more correctly, we are willing to subjugate all intermediary agenda and short-term goals to the central aim of optimising the baby's development. Mothers and fathers may not be accustomed to this, and may be troubled by it. This way of being odd may be uncomfortable for *us*, as well, as we yearn to write goals, to get things organized so we may prove to ourselves that we're really *doing* something.
- C. We are willing to be not-human, more-than-human in our relationship with the patient/parent, when to be so odd clearly breaks convention and may make *everyone* uncomfortable. We understand that this is *not* a social exchange, and we must not let the rules of the social world inhibit our opportunity to "make it different this time" with a parent. So we are careful, we manage what we do and what we say, we treat our words and our actions not as social graces but as worthy of the same sort of delicate use as a surgeon makes of *his* instruments.
- D. We are willing to make *assumptions* that mother or father knows about the problem with baby and they want to do better. The difference this odd assumption makes with respect to our behavior with families is measurable.

- E. It may seem odd to the family merely that we *pay attention*, that we *remember* what they told us. In our careful listening we always look for the important truths lodged inside of what they do and say, even when the words are technically "false" and the behavior is resistant. This will be discomfiting to a mother or father never before so carefully attended to, and may even precipitate fleeing. But it may also constitute a challenge to self-theories that have been destroying the parent and the relationship with baby.
- F. We do what we *say* we will do, and we make a big fuss over it when we fail.
- G. We refuse to be pushed away.

Adapted from an article written by Michael Trout, Parent Infant Institute, Champayne, Illinois