

Infant Massage and the Benefits for Children with Blindness or Visual Impairment

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Infant massage is not a new phenomenon. In other countries throughout the world it is a well-respected intervention that has been practiced for centuries. The benefits of infant massage are well documented by many experts in the fields of child development and early intervention such as Brazelton, Field, McClure, Montague, and Sears. Some of the benefits experienced by massaged infants include stimulation of the physiological systems, relaxation and stress reduction, relief of gastrointestinal problems, and greater interaction on the part of the infant with his/her environment. In addition, infant massage promotes healthy bonding between the infant and the caregiver. Our research shows that infants who are consistently massaged cry less, spend more time in the active-alert states, achieve greater weight gain, and experience a decrease in stress hormones. Infant massage is an excellent intervention for all infants, but the affect of infant massage on at-risk infants or infants with Blindness or Visual Impairment (BVI) may be profound.

Bonding is important for the healthy growth of all infants and may, in fact, affect subsequent developmental milestones. Early tactile contact, eye contact, and the sound of the caregiver's heartbeat signal to the baby's brain that it can stop producing the stress hormones necessary for the birth process. When a baby misses these early communication signals, often through the necessary modern interventions of NICU or as a result of a disability like BVI, high levels of stress hormones remain, producing an infant that is anxious, tense, and frustrated. Daily massage raises the stimulation threshold for these infants and can also ease the anxiety of the caregiver by increasing awareness of the infant's cues, resulting in better communication and bonding.

Eye contact is a powerful form of communication for animals as well as humans. Caregivers are often compelled to get into a face-to-face position (enface) with their babies and affirm they feel bonded to their infant when the baby looks at them. As the baby looks with expectation at the caregiver a reciprocal response is triggered. Infants with disabilities, including BVI, often do not engage their caregivers in this way. If the caregiver does not receive the visual cues from the infant, there is the potential for a communication break down, and bonding may be jeopardized unless the caregiver can be taught other interventions. Since we have already stated that caregiver responsiveness is a crucial component in the development of secure attachment, any obstacle may have far ranging repercussions. Infant massage is an appropriate intervention. Infant massage provides another way for the caregiver and child to interact, establish contact and communication, and develop a deep bond. By consistently using infant massage, we increase the likelihood of promoting secure attachment in infants with BVI and perhaps facilitate greater social, emotional, and educational achievements.