

*Helping parents
find their way with their new baby*

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Radiance Nourish: Life, Health & Growth

Southwest Perinatal and Infant Mental Health Symposium

Busselton

18th February, 2023

[Title Slide 1] Good morning – and thank you for the invitation to take part in today’s symposium. It is a delight for me to be here with you all.

Being here with you today feels special and important for a number of reasons, not least of all because I am on home territory – Noongar Country, the place of my birth. I was born at King Edward Memorial Hospital 69 years ago last Monday, and I spent the first 18 years of my life living with my family in Bunbury, before spending the majority of my adult life living in other parts of Australia and in other countries. Coming home to the Indian Ocean, to the land of my childhood, remains dear to my heart.

So, it is with gratitude and thanks that I acknowledge the ancestors of the land on which we meet today. I pay my respects to the elders of the Wadandi people of the Noongar Nation, who are the Traditional Custodians of this land. I pay my respects and offer my thanks to their elders past, present, and emerging. I would also like to acknowledge and pay respect to the elders of all nations and all people, and to thank them, for their wisdom and their endeavours to care for our children and our planet.

With a fair wind at my back and continuing good health and fortune, I will celebrate my 70th birthday next February. That is another reason today feels special and important because after a wonderfully rich and full professional life as an infant, child and family psychiatrist, I will retire at the end of September. I love my work and I am full of gratitude for the opportunities and learning it has afforded me and the splendid people I have met in and through my work. And it is time for me to finish. I do so with a full and sad heart. Endings are never easy, and yet they need to be embraced and honoured.

In his poem *The Four Quartets* TS Elliot begins, “in my beginning is my end”. The poem ends, “in my end is my beginning”. Beginnings and endings are inevitably and intricately intertwined. This is beautifully articulated in a poem titled **Try: [Slide 2]** written by my friend and colleague Christine Hill.

we start stark naked
try to breath
we chafe against
tapes tied to wrist and ankle
written with our mother’s name
we feel our body
bound to stop the leaks
we learn to try to hold it all together
to keep on
breathing chafing leaking
while
holding spinning weaving
one stitch at a time
until our shroud is done

My paper today is titled ***Helping parents find their way with their new baby*** – it is about beginnings. In essence I will talk about *trying*, as we all strive to hold, spin and weave our way to understanding and acceptance of being who we are and discovering what we have to offer the world: baby, parents, siblings, wider family, all trying, “doing their best”. Along with those of us who walk alongside and with the family and their new baby, trying, striving to help parents and baby find *their way, together*.

My paper's title is inspired by Dilys Daws one of the many beloved elders who walked alongside me as I was finding my way to be and become the very best infant, child and family psychiatrist I could be. At the end of my paper, I will introduce you to a small number of those who have supported and encouraged me, showing you a photograph of each of them, and introducing you to some of the books they have published, in case you would like to get to know them too.

Finding Your Way with Your Baby: The Emotional Life of Parents and Babies, now in its second edition, is a book Dilys Daws wrote with her younger colleague Alex de Rementaria. It is a kind, thought-provoking and encouraging book, well worth reading and sharing with others. I will return to these qualities: kind, thought-provoking, and encouraging, because I see them as invaluable qualities in family life, and in perinatal and infant mental health work.

Finding *your* way, with *your* baby – or finding *your* way in the work you do. There is no right way, there is no one-way. If we are to thrive and to flourish, there is no blueprint or manual to follow; we must each plum the depths of who we are, and the relationship experiences we have had, which as John Bowlby clearly articulated, leave their indelible imprint upon us – for better or for worse.

Caring for a baby, or working with babies and their caregivers, is often raw and painful. In this rawness and pain, each of us is given the opportunity to reflect upon our own experiences and their “imprints”. In reflection, it becomes possible for us to decide whether or not these imprints, and their attendant

beliefs and behaviours, will serve us well in our new role as parent for *this* baby, or as clinician working with this family.

Psychoanalytic theory is the theory that informs my understanding of what it means to be human, and what it means to be an infant new to the world: here, now, alive, looking to, and dependant on, those caring for them, to protect them, to nourish them, to get to know them, to limit and restrain them when necessary, to delight in them and to help them get to know them self as a being valued and valuable, loved and loveable, a being of worth with something to offer the world: them self.

Psychoanalytic theory makes sense to me, and it helps me make sense of myself and the world, and all I encounter there-in. I recognise and appreciate psychoanalysis is not the only map, but it is my map, and it helps me find, and make, my way.

From my experience and understanding, the central tenants of psychoanalytic theory are:

1. All things can be thought about and talked about – nothing is off limits. I recognise that thinking about and talking about what we might like to put “off limits” is never easy.
2. Our inner world is the place of hopes, beliefs and fears. Our inner world is made known or expressed in and through our behaviour and interactions with others. Our inner world is initially people by, and furnished with, the experiences we have in our earliest relationship.

3. Many of these people and the experiences we had with them, continue to live within us. Bowlby talks of our “internal working model”. Our model is shaped by our early relationship experiences, and in turn our “internal working model” shapes our future relationships with others. The internal working model is akin to what Selma Fraiberg described as “ghosts in the nursery”, and, which, many decades later Alicia Lieberman expanded to include “angels in the nursery”. Many of these people and their voices, these ghosts and angels in our inner world, remain in our unconscious.

4. The unconscious exists. Our unconscious mind ensures that why and how we feel, behave or respond is not always immediately understandable and not always, if ever, responsive to or changed by new information or being told or taught. We learn, for better or for worse, experience by experience. New relationships always offer a new beginning, a chance for new, and different experiences.

Coming to an understanding of the impact of our early experiences, takes courage. Courage along with a desire to understand, a curiosity and willingness to explore; to bring focused attention to, and reflection on, our thoughts, feelings, our reactions, and our interactions with others. To begin to allow our unconscious to become more conscious.

A trusted guide/companion/therapist to accompany us on this journey to help us reflect on and sort through can be very beneficial. To help us separate chaff from grain, gold from pyrite, or fools’ gold, truth from belief.

I wholeheartedly believe it behoves each of us to work toward this understanding. I accept as true and valuable the ancient Greek aphorism "know thyself", which the Greek philosopher, Socrates extended by stating "The unexamined life is not worth living".

It is important and worth getting to know our TRUE self, who we are, and to recognise who we would like to become. Donald Winnicott was the first to explain the distinction between a TRUE and a FALSE self. Too often we are caught up in, or blinded by, how, often harsh or critical others, see us, or how others wish us to be. As parent and/or clinician, it is by striving to be our most authentic "true self", that we can best encourage and support our children to be and become their best and most creative selves, able to offer and share their unique gifts with the world.

In the middle of last century Ronald Fairbairn, Scottish psychiatrist, and psychoanalyst, published a book of his reflections on personality development.

[Slide 3] He wrote:

The greatest need of a child is to obtain conclusive assurance (a) that he is genuinely loved as a person by his parents, and (b) that his parents genuinely accept his love... Frustration of his desire to be loved as a person, and frustration of his desire to have his love accepted, is the greatest trauma that a child can experience.

All my clinical experience tells me Fairbairn is right. If we know our selves to be loved and that our love is accepted, then whatever life deals us, whatever trauma we encounter, will be survived, and lived through with our spirit intact.

Every child needs at least one person in their world of early relationships who loves them. Sadly, for some it is not a parent. However, if one's parents are unable, for a multitude of reasons, to genuinely love their child, then how wonderful for the child when someone else does. The tragedy is when the child feels utterly alone, unloved and with no-one to receive and value the love they have to give and want to share with another. Infants arrive in this world available and ready to engage with their human partners. To be embraced and welcomed, wanted, seen, valued – this is the groundswell for thriving and flourishing.

Amidst the plethora of research and discourse about “resilience” the presence of an adult in a child's life who likes them, is curious about them, interested in them, and believes in them and their capacity, is the single most important factor in whether, or not, a child will thrive and flourish, rather than merely survive.

So, how, and when do we feel loved? How does a child feel loved? For an infant, my clinical observations and experience assure me that developing trust and feeling loved is build experience by experience: being held in mind, thought about with interest and concern, attended to kindly, spoken to kindly whether a yes or a no, observed and listened to, encouraged, delighted in, having developmental achievements acknowledged and celebrated. When an infant has such experiences for the majority of the time, then all is well in their inner world and their future sits on solid and firm ground.

It is important for us to recognise that good enough parents and good enough clinicians DO NOT HAVE TO – indeed CANNOT – be a 100% attuned to the infant 100% of the time. Winnicott’s aphorism of being “the good enough mother”, which I will extend to include, the good enough parent/caregiver/clinician, is a salutary reminder of the delusion and destruction which comes in the wake of the pursuit of perfection.

Juliet Hopkins published a wonderful paper titled “The dangers and deprivations of too good mothering”. She reminds us we do our children, and the families we work with, a great disservice when we strive for perfection, without being able to recognise and to celebrate what is good enough. Managing frustration, disappointment, having to wait, not being first, recognising our own imperfections and needs, as well as those of others, are all vital life lessons. These capacities too are built or strengthened experience by experience, as infant, parent, clinician survives feeling frustrated, disappointed, not always having our own way, not knowing, not being able to “make it better”, feeling overwhelmed, feeling and being inadequate.

[Slide 4] In 1977 Bowlby wrote:

“The behaviour of parents, and of anyone else in a care-giving role, is complementary to the child’s behaviour. The roles of the parent/caregiver are first *to be available and responsive* as and when wanted, and secondly, to intervene judiciously should the child or older person who is being cared for be heading for trouble. Not only is it a key role but there is substantial evidence that how it is discharged by a person’s parents determines in great degree whether or not he grows up to be mentally healthy.”

Mental health or emotional wellbeing is the warp and weft upon which all healthy development is woven.

Bowlby advises parents to “be available and responsive as and when wanted...” Too much anxiety or eagerness from parent or clinician, may mean we intervene too quickly, robbing the infant or parent-infant couple, of the chance of finding their way, of struggling for mastery or understanding. When we can sit with them, alongside them, waiting, available and responsive, the infant or toddler is not abandoned by the parent, the parent-infant couple is not abandoned by the clinician, they are not alone in their moment of frustration or distress. We are there with them observing, waiting, ready to help if and when the need arises.

Bowlby’s second piece of advice is “*to intervene judiciously*”. He asks that as parent or clinician we use our judgment, are thoughtful, mindful: The parent thinks about the infant, thinks about them, their age and capacity, what they may need at this moment, thinks about how long to let them struggle... and we, parent and clinician, learn to find our way by trial and error, doing our best, trying... and the infant does their best, trying... striving toward mastery of the next development milestone. The developmental pull will call them – if we allow them to listen and hear the call, and trust them in their struggle.

The encouragement, support and belief of others that we can and will find our way, and their willingness to help, if and when we need their help, are the foundation and cornerstone to establishing a content and creative life. Having others to be with us, alongside us, companions, together in a joint endeavour, are central to finding our way.

Here I would like return to the qualities of being kind, thought-provoking and encouraging and to acknowledge friends and colleagues from the Mother-Baby-Nurture Group Program, some of whom are here today.

Sue Coulson devised and developed the thinking framework for MBN. Sharon Cook later joined Sue to continue this program's evolution and to advocate for MBN's valuable role in supporting families with new babies, and to extend the program's reach. Louise Miles is now the program's co-ordinator, and she continues to nurture this program's development and future.

MBN offers a ten-week experiential program, where the co-facilitators of the group, welcome mothers and infants who are encountering difficulty in finding their way together into a group of four or five other mothers, with four, five or six other babies. Together the co-facilitators struggle to find their way, to help the mothers find their way to build or strengthen a nurturing relationship with their babies, so they can find their way together.

I first met Sue in 1998 when I returned to Perth from Melbourne to take up my role as Princess Margaret Children's Hospital first Infant, Child and Family Psychiatrist. Sue shared the vision for infant mental health work, and she created a way to walk alongside, to encourage, support and help mothers and babies experience, and begin to believe, they can and will find their way together. I am full of admiration and gratitude for Sue and the MBN team and all they offer WA mothers, babies, and families.

Sharon and Sue's invitation to me to become part of MBN by offering reflective supervision to the co-facilitators of the groups has been, and continues to be,

one of the highlights of my professional life. It is a deceptively simple program, with a wonderfully creative capacity for holding, spinning, and weaving.

MBN exists to help nurture the relationship between mother and baby. And it is vital for us to recognise and remember **[Slide 5]**

Parenting is not simply
a set of skills or ideas.
Parenting is not something
that is done *to* children, it is
a relationship *with* children.

The challenges are many, and whatever one brings to this precious and important role as parent, new parents try their best. For some, their own experiences might get in the way and undermine their confidence and their competence. All parents need our kindness and encouragement to be “good enough” for this baby with her or his own temperament, challenges and potential.

MBN brings mother and baby together, as the groups’ co-facilitators strive to bring their heart and mind together, all trying, finding our way. Anne Alvarez, a London based and now elderly child psychotherapist, wrote a fine book titled The Thinking Heart. It is well worth reading. Its title, the thinking heart is a precious and important metaphor.

As parent, as clinician, as citizen in the world – it is when we can bring heart and mind together, when we develop our capacity for a thinking heart, with the courage to face our truth, to reflect on and to make sense of our experience, that we can offer the most to others – our children and/or our patients or clients and all we encounter in our day to day lives.

It is nearly time for me to finish. As promised I would like to introduce you to some of those whose work has inspired and encouraged me and stays with me, informing and helping me hold on to my thinking heart. The commonality of this group of six is that each of them has a fine mind and a compassionate and kind heart, and each of them is steeped in the psychoanalytic tradition. I acknowledge them with admiration, and gratitude.

[Slide 6] I never met John Bowlby, but his contribution to our understanding of children’s healthy development is stellar. Bowlby wrote and published a great deal. His seminal work on attachment theory was published in three volumes –

[Slide 7]:

Volume 1 – Attachment

Volume 2 – Separation

And Volume 3 – Loss.

Too often separation and loss are forgotten or overlooked. Bowlby’s theory embraces all three, it is a comprehensive whole. It is our early relationships that influence our way of being and relating through life. These relationships and the internal working model we build from them inform and influence how we come together with others, how we manage anxiety, anger and separations

and how we cope with the suffering and pain of the losses that are always part of life, part of the intertwining of beginnings and endings.

[Slide 8] Donald Winnicott, a contemporary of Bowlby, also wrote a great deal. Winnicott was first and foremost a clinician. Through his writing he shares his clinical wisdom and his insights. There are many publications **[Slide 9]** including The Child, The Family and The Outside World, and **[Slide 10]** Playing and Reality. Oh, how I would have loved to have met Winnicott and observed him talking with a baby and her or his parents.

[Slide 11] Frances Thomson Salo is someone I did have the opportunity of observing in her work. She was also my supervisor for many years and my work owes her a great deal. Not only did she supervise and encourage the growth and development of my thinking heart, she facilitated Carol Bolton, Judy Griffiths and me through eighteen months of infant observation. The experience of spending an hour a week with a mother or other parent or caregiver and their newborn over the course of the baby's first year of life, then meeting with Frances, Carol and Judy for an hour each week to talk about our experience with the family, for me, outshines all other training or learning experiences.

Observing an infant deepened and extended my capacity to hold, spin and weave together what I saw, what I heard and what I felt. It developed my capacity for "feeling the other", for reflecting and making sense. Carol and Judy are Perth based psychoanalytic psychotherapist, both now retired from clinical practice. They were such important people in my support team when I began as a Consultant Infant Child and Family Psychiatrist.

Their willingness to walk alongside me, to encourage me and to challenge my thinking, was golden and invaluable.

Frances has written and published generously – **[Slide 12]** her publications include The Baby as Subject: Clinical Studies in Infant–Parent Therapy, a series of case studies she co-edited with her friend and colleague, and mine, Campbell Paul, and **[Slide 13]** Engaging Infants: Embodied Communication in Short-Term Infant-Parent Therapy .

The final three are pioneers and great teachers in our field of infant mental health – these three women welcomed me, shared with me, inspired, and challenged me over the course of my professional life. I got to know them when I was fortunate to be awarded a Churchill Fellowship in 2001, enabling me to spend five weeks at London’s Tavistock Clinic and four weeks at The Child Trauma Research Program at the University of California, San Francisco.

During those precious weeks in London Dilys Daws **[Slide 14]** and her friend and colleague Juliet Hopkins be-friended me, took me in, and from that time their kindness, encouragement, and belief in me, make them prominent midst the angels in my inner world.

Dilys books include **[Slide 15]** Finding Your Way with Your Baby : The Emotional Life of Parents and Babies, which as I said inspired the title for today’s paper. Her other works include **[Slide 16]** Parent-Infant Psychotherapy for Sleep Problems: Through the Night, a reworking of her classic text Through the Night which was first published in 1989. It is rich in clinical wisdom.

Dilys's most recent publication **[Slide 17]** in September '22, her 88th year, is a collection edited by Matthew Lumley and titled Quietly Subversive: the Selected Works of Dilys Daws. Quietly subversive indeed, one of the many reasons I love her so.

Juliet Hopkins **[Slide 18]**, also 88, is a thoughtful and quiet woman – very wise and very kind. She was supervised by Winnicott and encouraged and supported by Bowlby, with whom she worked. In 2015, the year Juliet turned 80, to honour her contribution to the work of so many of us, Ann Horne and Monica Lanyado edited a collection of Juliet's clinical papers **[Slide 19]** under the title An Independent Mind: Collected papers of Juliet Hopkins. Again the title gives you an idea of why I love Juliet too.

And finally, let me introduce you to Alicia Lieberman **[Slide 20]**, who continues as Director of the Child Trauma Research Program at the University of California, San Francisco. Alicia welcomed, encouraged, supported and believed in me, during the time I spend time with her and her team as a Churchill Fellow and then, later, when I became a Fellow at Zero to Three. Alicia's contribution to understanding of the effects of, together with the development of effective therapeutic intervention for young children and families bruised, battered and scarred by trauma, most specifically violence within the family, is a gift to the world.

Alicia writes clearly and well. Her book publications include **[Slide 21]**, The Emotional Life of the Toddler, which was expanded and re-published in 2017 after its original publication in 1992; and **[Slide 22]** Don't Hit My Mommy which presents the thinking framework for The Child Parent Psychotherapy

Program, an experiential training now offered in Australia. CPP training is one of, if not the best training and professional developmental program I have ever encountered, for those called to do this much needed healing work. I have not yet read Alicia's latest collaboration which was published [**Slide 23**] in November '22, but the title promises much: Make Room for Baby: Perinatal Child-Parent Psychotherapy to Repair Trauma and Promote Attachment.

Dear Audience, this is our task as parents, as clinicians, researchers, advocates, we must work together to care for the world's children, to help them heal their wounds, and to support their caregivers, so that every child has the chance to build relationships that encourage and support them and their healthy development.

Our developmental journey starts with and within our early family. In signing off today, I would like to introduce and acknowledge my family of origin and to thank them for the good-enough foundations they gave me, upon which I have been able to build a rich and happy life.

My parents Ralph and Shirley Stone nee Walker celebrated their 60th wedding anniversary in 2009. My brother Grant was born in October 1951, my sister Denise in February 1953, and then me, a year and three days later. We are the surviving trio of our parents' five children, and, as you see, our sibship began when we were all under 5. That our parents, survived us, while embracing the loss of two other children, bookends to our trio, is remarkable. John born in August 1949, died at 36 hours. Possibly from a staphylococcus infection, which now all newborns are screened for. Leanne was stillborn, at term, in March 1956.

But survive we all did, then we thrived and flourished.

I have no doubt that my early experience and the imprints within my inner world led me to my vocation, which has been a rich and rewarding one. I trust I have been able to offer something of value to others in and through my professional life as an infant, child and family psychiatrist. It has been my great privilege to try to do so.

I would like to acknowledge and thank each of you for your contribution to caring for our worlds' children – we all have an important part to play encouraging and supporting families with very young children, as parent, as clinician, as a thinking-hearted being.

There is nothing more important than caring for our youngest and most vulnerable citizens. I wish you all well.

Thank you.