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Guidelines for contributors

AAIMHI aims to publish three editions per year in March, July and November. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

Referenced works should follow the guidelines provided by the APA Publication Manual 4th Edition.

All submissions are sub-edited to newsletter standards.

Articles are accepted preferably as Word documents sent electronically to the AAIMHI Newsletter Committee.

AAIMHI Newsletter Committee

Inquiries on submitting items to the newsletter may be made to:

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Dear Members,

In this WAIMH Congress 2016 Special Edition of the newsletter, we bring the final edition of the newsletter under our stewardship as editors. It is with some pride that we conclude our two-year tenure with such a rich and varied edition.

The recent WAIMH Congress showcased international and local commitment to bettering the lives of infants. We celebrate the perspective of Australian voices: Lee, Ball, Meehan and Sved-Williams respectively share their uniquely fresh, stirring and grounded reflections of the congress. These journeys encompass a mix of first-time and seasoned attendee congress experiences. Journeys of strangeness, distance and renewal continue in the edition with clinical, creative and factual writings. Milburn's clinical paper describes the plight of a baby managing chaos through distance, yet still striving to hope. The arts contributions of Aylsbury and Xeros-Constantinides capture unfamiliar and generative possibilities in baby and mothering experiences. Plastow considers developing conceptions of the infant in their journey toward recognition and finding speech. Recognition, renewal and hope are further examined through the use of alternative forms of communication to reach at-risk families. Fletcher's 'SMS4dads' program describes engagement possibilities with fathers; and Lauder's film of the 'Best Beginnings' program, funded through her Premier's Award, describes a creative approach to extending the impact of the Perinatal Emotional Health Program.

The number of submissions received for this edition and high response rate to the recent newsletter survey marks something of the interest and potential of the newsletter as a forum for infant mental health discourse in Australia. We learnt from the newsletter survey that members most enjoy clinical discussions and upcoming training event sections of the newsletter; and would like access to articles via hyperlinks on a more regular basis. We also learnt that a lack of confidence in writing is a barrier for members in penning articles and further individual encouragement and mentoring may help with this. Importantly, we learnt that we had members in every state willing to help in future newsletter production. These names have been passed on to the National Committee as they confirm which state will be taking up the editorial mantle next.

In concluding our last editor's note, we would like to thank in particular our two respective Victorian Branch presidents Teresa Russo and Meredith Banks, and Sarah Jones as a past editor of the newsletter for providing steady encouragement in the role. We would like to thank AAIMHI National Committee members Annie Mullan, Anna Huber and Sally Watson for their support. We also note how grateful we are for the collaboration with Shelley Reid as copy editor and desktop publisher, for

the style and detail that her time and expertise has brought to each edition. Newsletter contributors Frances Salo and Campbell Paul saved many a threadbare edition by providing arresting clinical content often at short notice, and we are particularly grateful. Finally, we would like to thank all contributing members for helping us build the forum of the newsletter by providing papers that have given us fun and interesting

work as editors. We are grateful for the trust and opportunity to be involved this publication and are left in no doubt that the quality and spirit of continued contributions will make the new editors' job as enjoyable as ours has been.

We hope you enjoy the WAIMH Congress 2016 Special Edition.

Ben Goodfellow and **Emma Toone**

WAIMH Congress Reflections

Diversity, belonging and my place in the world: some thoughts from a first time attendee at the WAIMH congress

Vivian Lee

Thank you for the opportunity to share my experiences as a first time attendee at a WAIMH congress. It was very interesting to learn that the very first congress was held in Portugal in 1980, before I was born, and this meeting of like-minded people continues to this day. This experience was not only my first WAIMH congress, but also my first experience of an international conference, of presenting a poster, of travelling to Europe proper, and also of travelling on my own for the first very time. Like an infant, I experienced many firsts. With all that was new, everything was a blur, so I will share with you a few thoughts and observations that I remembered from this blur of an experience that was overall very pleasant.

An obvious observation is that I think I learnt a lot, even though I wouldn't be able to tell you who exactly I saw present and what they said (back in medical school I made the decision to not write notes when I attend talks, so I can better soak in the experience, and because everything is on the internet anyway). My sense, whether true or not, was that most presenters were from the US and UK, then the Scandinavian and Western European countries, and the plenary and masterclass talks in particular were from heads of clinical services and/or lead researchers who have an army of underlings multiplying the effect of their work and so they had a lot to share with the rest of the world. Those presentations were certainly amazing and I was often star-struck when I saw the authors of books on my bookshelf in the flesh! I felt like a groupie at a music festival! However, some of my favourites were from less well-known presenters in not at all crowded rooms, notably a woman (she was from the US) presenting a well-written and well-practiced paper of a clinical case, and also works from countries less represented. Seeing presentations from people from around the world made me reflect on the vastness of the world, and really how lucky we are in Australia. These presenters all do their part, whether as clinicians in an often inadequately funded public service, or those on their own in private practice trying to see more infants and spread the thinking that infants have a mind and an internal world, or those working more so in research. Hearing what others do made me think about my own career – what part, if any, will I play in the world of infant mental health? What further training will I need? What direction should I take my career? I also thought of how wonderfully unique a therapeutic service we have created in the Agnes Unit, in this little part of Australia called Gippsland.

I think the best part of the conference was meeting people. While we all came from different backgrounds and various parts of the world, there was a similarity in our thinking about infants. I suppose we all read those same guru authors, and if we didn't share those views we wouldn't take a week off work,

travel and pay money to attend the congress. I think the infant mental health world is actually quite small in the scheme of things and I found many people knew each other. As a first time attendee, I did not know many people. Particularly because I was travelling on my own and most nights dining and exploring Prague on my own, it did at times feel lonely when during the breaks you see these old friends catch up with each other, while I walked around trying to spot a familiar face or friendly group to join. So after a while I decided to just be brave and sit with random groups of people over lunch or stand next to strangers to have our morning or afternoon tea cake, and through this I got to have chats with a group of infant clinicians from Sweden, a researcher/private practitioner from Norway (from these conversations I concluded – with no evidence base – that they are also getting pressure to 'do' six sessions of CBT in their countries), an ambitious psychology student from Germany, and a perhaps jaded psychologist from New Zealand, amongst others. While everyone was friendly, my attempts to meet strangers were not always successful, for example those times when I joined a group who were not speaking English and they would kind of politely acknowledge me in the language I know, but revert to catching up in their own language, and same with the posse of old friends who were using this precious time to catch up with each other. These experiences did get me thinking about where I belonged – not with those gurus who are often older than my parents and usually 'mothers' of a first, and now, 25 years later, established infant service in their state, but not really with the students either. At the end, I did make some connections. Alison, our unit's psychologist who also presented a poster, had met two women on the Prague city tour, and their poster presentation was next to mine! They are from Connecticut in the US, and of similar age and seniority in their careers as Alison, and all three of them lived on green acreage, which is my dream for one day. So through these life similarities we got along, exchanged details and soon we made plans to save each other a spot for lunch and I belonged! I suppose then we might start catching up like old friends in subsequent WAIMH congresses for the next 10-20 years!

With these ideas about the direction of my own career, and of belonging or not belonging, I come to my last reflection. We here in Victoria, Australia, also have our gurus. Louise (Newman) presented (and in the opening plenary session), Campbell (Paul) presented, Frances (Thomson-Salo) was supposed to present, and I also saw Christine's (Hill) play script presentation (it was another one of my highlights, something different but equally thought provoking). It really struck me though that Louise could not be there in person, and Frances pulled out, both due to health reasons. The organisers also acknowledged

the passing of well-known WAIMH members since their last congress. So this really made me think, what happens when these gurus retire? Who are the next generation of gurus and where will they come from? And what does the infant mental

health field need to think about and do, to include those new to the group and to nurture and grow the next generation of infant mental health clinicians?

Reflections of WAIMH: My lead to the conference, my experiences during the conference and then some thoughts/reflections after the conference

Robyn Ball

In the month leading up to WAIMH, I had just concluded a family holiday to Scotland, Ireland and a European river cruise with my partner and parents. Daily decisions centred on meal selections, what little gifts to buy along the way and how to slip away for a few minutes, or even maybe a couple of hours...!

On the final day of our tour, the eve of the first day of the conference, I felt quite unprepared. My whole being was still firmly planted in holiday mode. My first anxieties began to arise: "no note book", "where do I catch the train" and "I need some cooler clothes!" After a sleepless night I set off in the morning: tired; dressed in 'too warm' clothes; and a train map in my hand...

I can relate my conference experience over the four days as having some parallels to the three stages described in a session I attended on the first day on the topic of Reflective Learning Groups.

Beginning phase: Developing trust

Trusting the directions I had been given, I arrived at the Clarion Convention Centre (there are two in Prague! – thankfully my hotel guide had pointed this out, as had my friend Kate). Up the escalator and into a huge brightly lit foyer, and – chaos! – I did feel rather overwhelmed at first – such a large space packed with so many people (1500 hundred people I learned later). Silently I thought, "Well what do you expect, it is a world conference". I made my way to collect my conference pack (yes of course there was note paper ...!)

The next minute I was greeted and warmly welcomed by Julie (Stone) with her big beautiful smile, a few moments later by Nichola and then my conference buddy Kate and I found each other. The chaos and lights in my mind began to fade, I relaxed and I breathed ... now I was ready to delve into the delights of what the programme had to offer...

Middle Phase: Tolerating frustration, making decisions, naming feelings...

So many choices! Nearly a dozen choices per time slot. Some sessions were 45 minutes, others 1½ long. There was the added challenge of not being used to working in 24-hour clock mode – I found myself at least once sitting in the wrong place at the wrong time!

While I felt the excitement of all the possibilities set out in front of me, I also felt anxious as I didn't want to miss out on anything. Also there were tensions as I wanted to hear our local Melbourne presenters and at the same time I was very keen to hear international speakers, who I had only just read about in journals and books.

A few times, I methodically read through all the possible options and made my selections after much procrastinating. At other times, I scanned the options quickly then raced off to the selected room, hoping for a seat! On day three, I actually spent

most of the day in one hall – this was heaven-sent and I found some welcome space midst all the ideas and information circulating in my head by this day! This was also the afternoon I received news from home that my father-in-law was about to undergo brain surgery. I felt a very long way from home and a late night followed, waiting up for news of the thankfully successful operation.

Maturing Phase: Building confidence, sharing and reflecting thoughts and feelings

As the conference progressed I became increasingly confident in engaging and sharing my thoughts and feelings with other participants – in the coffee line, going up an escalator, sitting in the lounge area or in a presentation. It was such a treat being able to converse with such a rich and diverse group of people from all over the world.

My conference experience was made so much more enjoyable sharing it with my friend Kate – we were each other's safe base for the four days ... we went off to explore at times together, at times apart and we shared so much more than the conference – the food, music, the sights, the sounds and conversing with the people of Prague – memories to last for a very long time.

Highlights/reflections since the conference

1. Of the need for providing inclusive perinatal services so babies can experience relating to both parents right from the start. M..... Keren, the moderator of a Symposium on day three ('Young mothers, the cradles they have, the cradles they need'), shared her story of visiting Daniel Stern in hospital before he died – he said that if he had a chance to re-write his work, he would re-name his term 'Motherhood Constellation' and call it the 'Parenthood Constellation.
2. Seeing how our own colleagues here from Melbourne are so deeply committed, involved and active in contributing on the world stage of IMH. I loved hearing Louise Newman's challenge to us all for the need for action in the current refugee and asylum seeker crisis we are facing as a nation.
3. Listening to Alicia Lieberman's presentations: the creative work she has been involved with in collaboration with Israeli and Palestinian young people; the triangle visual which I have found very useful in describing the therapeutic process (left triangle side – experience/right triangle side: thoughts and feelings/ bottom triangle side: treatment); the story Alicia told of her interaction with her 3-year-old son whose response to her when she asked him "Are you happy?" and his reply something along the lines of... "I'm happy and sad and angry ... all at once!" with Alicia openly acknowledging the pressure that she had just put on her son to meet her needs for him to be happy and she reminded to us of the wisdom of children, and; Alicia's encouragement that "It's never too late to build angel stories".

4. Current research around meditation and hearing about how the Dalai Lama's visit to a London University in 2009 resulted in money being made available, for example to study the physiological effects of meditation.
5. Meeting Kevin Nugent at an early morning masterclass on NBO and sharing with him how many of his lovely baby photographic books I have given out as gifts to friends and family.
6. In a session toward the end of the conference, on the value of games such as hide and seek and jack in the box – I thought fondly of my grandson who I was missing and hoped that being unseen for 5½ weeks was going to result in a beautiful reunion.

In conclusion, the conference reminded me that it is often the authentic, spontaneous moments that we don't plan for that sometimes can be the biggest moments of transformation that can occur in relationships. I heard so many stories of strength and resilience in the face of great stressors and hardships, where people's willingness to connect and collaborate, one by one, helped find a way through seemingly impossible cultural and political challenges. Some hopes for this conference that I heard articulated by Campbell – to build passion, curiosity and collegiality – I believe were achieved and I feel optimistic these hopes will continue to ripple out deeply and profoundly in transforming ways into our wider global community.

WAIMH 2016 Reflections: The powerful effect of the infant

Michele Meehan

What a fascinating session it was at the recent WAIMH congress in Prague, with presenters (Antoine Guedenay, Deborah Weatherston, Kaija Puura and David Oppenheim) sharing how working in the Infant Mental Health field, and how experiencing the powerful effect of the infant, has come to affect them professionally and personally.

I was very struck by the sharing among the audience of this session, and with the recent distressing effect of working with infants in detention has had on my personal feelings. I felt others may like to share their own experience to explore the effects of working in this field has had on both our professional and personal lives.

While for many the move to working with infants was the impetus to think about infant mental health, I had been working with mothers and babies for most of my professional life. What a day it was that my introduction to this exciting field was through the esteemed Dr Ann Morgan.

Working as a Maternal and Child Health Nurse at Royal Children's Hospital in Melbourne, I had been referred a family from the Emergency Department because of sleeping issues. Later, I identified with Dilys Daws (1985) as she described the negotiations getting through some double doors to her office. My office was tiny and usually parents left the pram outside. This day the grandmother carried the baby in and mum followed. As grandma and baby sat down next to my desk, mum sat beside them, but as the baby reached out to her, she lurched upright and went and sat on a chair in the far corner, saying "she's just so demanding!"

As the consultation progressed I became concerned about the mother's mental state, a situation shared by her mother, but I noticed how apathetic the baby seemed. A 10-month-old just slumped on the lap.

I decided to ring the Psychiatry Department and hope someone could offer me some ideas. I initially said to the receptionist that I was worried about the mother, but that I was also very worried about the baby, but not sure if anyone was dealing with very young babies. The response was that Dr Ann Morgan was on call and she would be down in five minutes. I jokingly often recount that this was the fastest Mental Health Referral in history!

It was with Ann's talking to the baby (I always said hello! but did not really address the baby) and to mum, that I raised the question about whether babies can get depressed?

The next week Ann invited me to attend a meeting in the Psychiatry Department where they had had a report from the Mother Baby Unit where family had been admitted.

"Other than mother wishing the baby dead, she was coping with a severe depression."

"What about the baby?" I asked. "Exactly!" they all chorused.

The fledging IMH group was reading chapters of Daniel Stern's recent publication in 1985. This was a whole new area of learning (at times incomprehensible) that stimulated an intellectual interest for me.

It was only years later that I came to realize the privilege I had to be part of a group, which included what were later to be among the pioneers of Australian Infant Mental Health. Dr Ann Morgan, Prof Campbell Paul, Assoc. Prof Brigid Jordan, and due to my every day access to babies, our subsequent joint work helped raise the profile of babies in Psychiatry.

Joint work

I shared the experience of an irritable infant clinic with Dr Ann Morgan once a week, and counter to people's scepticism that mothers would not attend with a Psychiatrist, I had no trouble raising the issue of her presence when I booked the family.

It was through this close joint working that I learnt the value of (and to be comfortable with) silence; how to ask a hard question and above all to engage actively with, and talk to and for the baby.

What I discovered was that mothers did think their baby had a mind, and were interested in what we thought they might be thinking about their experience. I then found that I used this infant 'as subject' thinking about the baby, his mother, their relationship, and the baby's feelings or response to the situation in the broader field of my work

A year later I experienced a light bulb moment when it sank in!

A mother struggling and exhausted with an 8-month-old baby who woke 6 to 7 times overnight sought help and, I presumed, advice. Instead of starting to talk about the sleeping issue however, the mother launched into telling me about living with her Italian in-laws, and how their involvement with the baby had her feeling she had no say in his life. As she talked about the problem I started looking at the baby who was on her lap. He looked at me and when I smiled he turned to look intently at his mother. Again he looked back at me and when I

smiled, he ignored me and turned to look again at mother and reached out and touched her arm. It seemed by the repeated action that he was giving me a powerful message, and as mum spoke, I started to think about what it might be that he was trying to tell me. Listening more to the tone of mother's story rather than the events, I had the idea that maybe she felt he didn't know her. I mulled over the idea for a few minutes then tentatively asked, "Are you worried he doesn't realize you are his mother?" "YES!" she said loudly. I then had (to me) the inspiring idea that maybe he woke in the night so he could get his mother to himself. After I tentatively suggested this she broke down and said she was really worried about his not knowing her, that all the family loved him and she felt bad wanting him to herself. At this point the baby started vocalising to mother and beamed at me.

Shortly after this I was involved in the Irritable Infant Intervention Study with Dr Brigid Jordan, where we conducted a ninety-minute psychosocial consultation for babies admitted with parental report of excessive crying.

This experience was another opportunity to observe and learn with a new thinking about infants and their behaviour, especially as a meaningful response to their experience. While Brigid learnt about infant feeding routines, I learnt about maternal mood and its effect on the baby, and the idea of a baby representing something to the mother other than just her new baby. Ghosts in the nursery, attachment theory, effects of violence on the baby, the inner world of the infant and Winnicott, all exciting new doors to open and explore.

My first international conference was with IACAPAP in San Francisco with Brigid when we presented results for the Irritable Infant Study. Lessons I learnt from that were about people running overtime and cutting your session from 20 minutes to 5 and always keep copies of your hotel bookings!

I presented my first poster at the WAIMH conference in Tampere Finland, and have enjoyed finding like-minded nurses around the world.

Reflections from the 2016 WAIMH Congress: The lucky country and infant mental health – can we help our infants get even luckier?

Anne Sved Williams

We are still the lucky country. A visit to Prague for WAIMH showed that to me in so many ways.

Firstly with the numbers of Australians who could afford to travel to Prague, many with great destinations beyond before or after the conference. No doubt we punched way above our weight in numbers of attendees soaking up the best of infant mental health, although in essence we had travelled the furthest (with the exception of our NZ cousins). Secondly, I could see our fortune with the prominence of Australians at so many important moments throughout the conference. An example was the fact of Associate Professor Campbell Paul chairing the congress Scientific Program Committee. I would like to thank Campbell for his contribution to organising the conference and congratulate him on his new appointment as President-elect of WAIMH: a stamp of Campbell's amazing dedication and outstanding work in our field and of course a great boon for Australia!

There is much great work being done in so many places around Oz. The congress was a reminder that in so many ways

As I work now in private practice, focusing mainly on infant feeding problems, the results of my undertaking the Masters in Health Science: Parent and Infant Mental Health, seem to colour all of my thinking. I now have a broader perspective in my consultation on all infant concerns: crying, sleeping, separation, feeding, as well as the pressure on parents now through social media and the internet.

Personally I have found that while a closer engagement with a mother and baby can bring up my own ghosts, it has increased my confidence to address these issues and I find my friends, with and without children, are fascinated by the idea and reality of the baby's mind.

I can speak confidently about infant mental health and give substance and examples to the ideas of infant mental health. A recent conference for nurses when we presented work about Infant Mental Health received some feedback and comment that it was 'a revelation' and is a subject of fascination with friends, parents and family.

The hardest thing for me personally has been the work done with infants in detention centres and Australia's treatment of refugees. I find myself often tearing up and frustrated at the way people treat others, especially those suffering stress and trauma and especially children!

The culture of supervision in mental health had been unknown to me as a nurse, but this caring for the carer is what has kept me able to do this demanding and often stressful work, while having a huge repertoire of stories of how amazing and magical are babies!

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our work in Australia is cutting-edge, knowledge-based and very widely spread. Professor Louise Newman, who despite being unable to travel to Prague, delivered a stirring plenary on the plight of children in detention through the wonders of modern audiovisual communication. Amongst the many other worthwhile presentations from Australia (not only too numerous to mention but the ageing brain can't quite recall them all) was Dr Sophie Havighurst's workshop on 'Tuning into Toddlers'. I thought this presentation was so good in fact that we have invited her to present at the upcoming annual Helen Mayo House 2016 conference.

I must mention of course that throughout the congress there were many highlights from infant mental health experts outside Australia. Alicia Lieberman and Marian Bakermans-Kranenburg were standouts for me amongst an amazing wealth of passion, knowledge and scientific excellence.

I was particularly struck by the work of our cousins in the UK with their 1001 Critical Days campaign, which left me

wondering how we might do even better for infants in Australia.

The 1001 Critical Days is a combined push by people working in infant mental health in the UK to ensure cross-Government support for unified and excellent services for infants from the time of conception to their second birthday. In Australia the National Perinatal Depression Initiative has finished and funding in the domain of perinatal mental health is substantially depleted. We find ourselves competing with all other services – physical and mental health – adults and children and infants – through the primary health networks. Perhaps we can find a way for these networks to work for infants. However I am concerned that we need further combined efforts to increase funding in our vital areas of perinatal and infant mental health to better integrate and service infant's needs. I remain surprised that we haven't been able to effectively sell the message about the personal and financial benefits of true early intervention and prevention. Many world presidents of relevant associations are Australian (OK – in Melbourne but we can live with that...) Professors Jeanette Milgrom and Jane Fisher as current and

presidents-elect of International Marcé Society for Perinatal Mental Health; Professors Helen Hermann and Jayashri Kulkarni in ditto positions with International Association of Women's Mental Health and Campbell Paul with WAIMH.

This is the question with which I would like to conclude. How might we draw upon Australia's 'luck' and 'wealth' to improve our advocacy for the population of families we serve? Might we move towards a more unified approach as in the United Kingdom with their 1001 Critical Days? Australia has a wealth of expertise and infant mental health leadership. Surely we have clout to press our case as knowledge and opinion leaders in perinatal and infant mental health. I think it's time to draw on our privilege and call in favours any way we can. Is a Polly your next-door neighbour and best friend? Let's share ideas to see how we can better unify and help infants in Australia to experience the benefits of living in a lucky country. We know that luck is not spread evenly around Australia and many infants and their parents could do with what I think we have to offer.

AAIMHI Media Release on Paid Parental Care

The Australian Association for Infant Mental Health (AAIMHI) is concerned about the current proposal that funding for long day care should be made available to all families, regardless of working status or particular needs. There is an implication in this that infants and young children in a parent's care will be better off if they spend two days a week in long day care.

There is no consideration in this for the age of the children and there is no evidence that long day care is preferable to good enough parental care, especially for infants. We are concerned that many parents may feel they are doing their infants a disservice if they do not give them time in long day care.

Evidence supports high quality care for disadvantaged children, which includes support and education for parents. This can bring long term value to children and the community. This kind and quality of care however is rarely available.

Parents have the biggest influence on young children's development and support for them should be a priority. AAIMHI supports paid parental leave for parents who wish to spend time caring for their own infants and to enhance the development of early relationships. For those parents who wish to work or place their children in daycare for other reasons we recommend the highest quality care and staff training for the youngest children. For those families with vulnerabilities we recommend centres where both parents and infants can attend for high quality support and care.

For further information and references please see www.aaimhi.org Position Statement on Child Care and Background Paper, Submission on Work and Family and Media Release on Paid Parental Care.

Clinical papers

Pathological defences in infancy and the development of mentalisation: A problematic case example

Nicole Milburn

I saw baby Greg (pseudonym), not quite seven months, on three occasions. Once was with his mother only, once with his father only and once with his family present. I was not quite sure who was in the family – mum and dad were there, as well as at least two older sisters, and two brothers, and then another older sister came with who I think was her boyfriend, and then there were some random children who came in and out who were described as being Greg’s first cousins, children of mum’s brother whom she hadn’t seen for years. It was quite confusing to say the least. I sat on the floor during this parade and observed Greg.

In total I spent about five hours with Greg in these different physical and relational environments. Observations were at different times of the day – once in the morning, once in the late afternoon and once in the early afternoon/lunch time, with the aim to see him when he was tired as well as when he was not. He had dark lines under his eyes every time I saw him. He looked exhausted. His parents said he had his day and night mixed up, and he was awake for long periods at night. The first time I saw him his mother said that he’d just woken from a three-hour sleep. Still he looked tired. I saw him having shortish sleeps during my observations and waking and still looking tired.

Greg was held by his mother and his father and his older sister at times. He crawled to look at toys, and was able to grab them and pull them to his mouth. His parents said that he was able to pull himself to stand and cruise around the furniture, but I didn’t see this. They thought this made him very clever. He was a small baby, and his weight gain was something that had caused anxiety for professionals.

When I first met Greg he was on the floor having his nappy changed by his dad. He was crying in a stop start kind of way, sobbing and then stopping, coughing and then sobbing again. His dad said, “you like crying. You like the sound of your voice”. Greg fixed his gaze on me and looked intently. I made a sympathetic face. He didn’t react at all to my facial expression, as in his expression didn’t change; he kept gazing intently at me.

Greg continued to gaze intently at me intermittently throughout my entire five hours with him. He would find my face and lock onto my eyes. I would gaze back and speak to him softly about what was happening for him. Sometimes I would try to join in his attention to whatever he had, as in the time he had a ball and he looked intently at me and I said, “A ball! You have a ball!” in an animated voice. He didn’t seem to react to anything I did or said. The word that was in my mind was beseechingly. He looked at me beseechingly as if we were characters in a 19th century dramatic novel.

Greg did not look at his family. Not at his mother, nor his father, nor his sister. He would look at their bodies but not their faces. He would not lock into their gaze like he had with me. When they held him en face he would turn away by any means he could. He’d turn his head, twist his whole body, and try to get down from their laps. But he would also attach himself to his parents’ bodies, a bit like a limpet, and this could

appear to be comforting and give some sense of a warm fuzzy feeling of a baby cuddling into his parent, but he always had his eyes averted from them.

Greg and his family had lots of professionals involved with them. So many that they quite rightly complained that they didn’t know who was who. Every professional I spoke to who had seen Greg said how disturbed they were by him and how awful they felt with him. Some said they thought he wanted them to rescue him. Some said they felt sad. He communicated his experience very powerfully.

I too felt a great sense of anxiety and concern for Greg. I ran through some hypotheses about him – could he be already showing signs of autism spectrum disorder? This would be a satisfactory box to put him in, but has to be immediately discarded because of his beseeching gaze and the feelings that aroused in me. The last child I saw who had such extreme gaze avoidance was on the spectrum and the feelings he aroused in me were completely different – he kept dropping out of my mind and I kept forgetting he was in the room with his mother and two sisters. It was difficult for me to get Greg out of my mind.

Selma Fraiberg (1982) described selective gaze avoidance in her classic paper, ‘Pathological Defences in Infancy’. The paper was published posthumously in 1982 and is based on the clinical work that many readers will be familiar with from her seminal paper ‘Ghosts in the Nursery’ (Fraiberg, Adelsen, & Shapiro, 1975). Infants are described as having some innate biological mechanisms that they use to help them manage their world that can be useful in the moment but become highly problematic if used over the short and longer term. In this way her explanation of infant behaviour precursors Bruce Perry and colleagues’ contribution of understanding ‘when states become traits’ (Perry, William, Baker, & Vigilante, 1996). Defences of avoidance, freezing, fighting and transformation of affect are described.

Selective avoidance was described through close observation of an infant who ‘through every system of contact he had available to him’ avoided contact with his mother (Fraiberg, 1982; p. 617). His behaviour was opposite to that expected of a normal baby – where a normal baby would look, he would avert his gaze; where a normal baby would reach, he would turn away; and he would not smile or vocalise to his mother at all. These behaviours were not seen with the father and the therapist though. Fraiberg described this as a “defence that has taken a morbid turn” (1982). The mother’s face triggers anxiety for the infant, who has learned to associate her face with danger or otherwise painful affect – not looking means not seeing the danger, which means not experiencing the anxiety. But this also means that the baby is not present for a relationship, which in the medium term is diabolical for his growth and development. This is addressed further below.

Fraiberg (1982) goes on to describe the defences of freezing, fighting and transformation of affect. Frozen babies are described in their stopping and staring, standing looking

Cont. page 8

blankly while loud noises go on around them. They are described as if they have switched off from the world, a powerful means to protect the self against overwhelming anxiety. Older babies and toddlers are seen to start fighting to both against their terror of the other but also against their feelings of helplessness, which are in stark contrast to the developing mastery of normal toddlers. Transformations of affect are seen when babies and small children laugh inappropriately, and particularly when they join in teasing games as if they were enjoyable. I observed Greg being held by his father upright and in front of a small cage where a budgerigar was. Greg was looking intently at the bird when the bird did something suddenly which made a noise. Greg startled and his father laughed at the fear response. I wonder if Greg will start to laugh himself when scared to join with his father in his father's pleasure at his fear one day.

Fraiberg (1982) described their work with the families as being predominantly healing. The infants seemed to have been able to let go of their pathological defences when they felt the parents acting in their role as protectors. In turn, the parents were able to act in their role as protectors when 'repetitions from the maternal past' were identified and the child was then 'disengage(d)' from the conflicts in the past.

There were certainly a lot of conflicts in Greg's parents' past. Both had experiences where they had been frightened and not protected as small children. Both were treated by others as the object of the others' enjoyment, sexually as well as in non-sexual, power-driven ways. Both seemed to have been discarded at times when they were not wanted or not of interest. This history made me wonder what they saw when they looked at Greg. I asked them questions from the Working Model of the Child Interview (Zeanah, Benoit, & Barton, 1993) that indicated that they saw Greg as an extension of themselves. When I asked Greg's father why he thought Greg didn't look at him, and said that this worried me greatly, he said he wasn't worried because Greg always tried to find him. Indeed Greg did seek proximity to his father, but would not look. I wondered about the anxiety of looking to a father who gets pleasure out of others' fear. I'm not sure what he would see if he looked at his mother. When I looked at her I saw an unhappy, most likely depressed woman who seemed to feel powerless in her large family where services came and went but didn't seem to help. I felt despair when I looked to her as I couldn't see a way forward. If there is no way forward there is no future, and how can a baby possibly look into a face where there is no future for him?

The defence of selective gaze avoidance is particularly problematic for the development of metallisation. The literature and research in the role of parental sensitivity in the development of secure attachment is extensive (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). In order to develop the capacity to understand one's own mind and the mind of an other one must have repeated experiences of marked contingent mirroring (Fonagy, 1998). This means that the infant's experience must be recognised by the parent or caregiver, and the parent or caregiver must show the infant that they have recognised the experience by slightly exaggerating or distorting the expression so that the infant knows that it is it's not the carer's feeling, but is actually a reflection of their own feeling (Fonagy & Allison, 2014). In this way they learn from a sensitive caregiver what their own experience is. In essence this means that the parent or caregiver in recognising the infant and showing that the infant

is recognised, allows the infant to experience themselves as an independent self, capable of agency and intentionality (Fonagy & Allison, 2014). The repeated experience of being understood and shown to be understood develops trust in the caregiver's trustworthiness. Internalising a sense that others are trustworthy is crucial for the development of epistemic trust, or the capacity to take others by their word and not have to test it out for ourselves (Corriveau, et al., 2009). These repeated experiences of being understood tend to be initiated first by an ostensive cue such as making eye contact or marking the infants' experience. Fonagy and Allison (2014) posit that it is epistemic trust that has allowed the human race to pass on information across generations and cultures.

Baby Greg, who employed selective gaze avoidance as a defence against the intrusiveness and absence of his family members, was not available to see his experiences marked and mirrored. He was at risk for not developing an understanding of his own mind, as well as not understanding the minds of others. It was this aspect of his development that prompted me to consider whether he was on the autism spectrum. The fact that the defence was selective indicated that he did have a sense of the intentionality of the other and that he must avoid it. The countertransference of most of the professionals also indicated that he was able to communicate his emotional experience directly and profoundly. Nonetheless, he was at grave risk of developing a disorganised attachment as not only were his caregivers insensitive but he was also not available to see any sensitivity that they might display.

It is possible that Greg was getting a better experience with his mother in the middle of the night, and indeed that this was why he was reportedly awake at night. Night time was quiet and he could have his mother all to himself, and perhaps for her she could also have an experience of having Greg all to herself without the chaotic demands of other children and family members. The drive for good enough care and social interaction is strong.

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In-fancy ¹Michael Gerard Plastow ²

The terms infant, child, adolescent, and so on, do not permit of any clear definition and vary according to different laws, different legislatures, and even different clinical services. These ages and stages are elastic according to various political and clinical influences. The group defined as infants has been separated out from children to form a relatively new field known as infant psychiatry or infant mental health. These terms infant and child no longer coincide as they did at times in Freud. In English, the term infant is derived from the French *enfant*, which retains the wider sense of child. So how might we define the infant if it is not through a developmental conception of ages and stages?

In Apollodorus' account, the riddle of the Theban Sphinx was the following: "What is it that has one name that is four-footed, two-footed, and three-footed?" No Theban had been able to find the answer and, in despair, the regent Creon offered both the throne and his sister Jocasta to anyone who could do so. Oedipus was the only one to successfully answer the question. His reply was, "Man is the answer: for as an infant he goes upon four feet; in his prime upon two; and in old age he takes a stick as a third foot" (cited in Morford & Lenardon, 2007, p. 409).

Oedipus gave the correct answer, at least the answer that was said to be right. The Sphinx, however, is the bearer of the enigma of sexuality. Oedipus' answer, in developmental terms, conveyed a generalised knowledge, which at the same time left him in complete ignorance of his own singular truth. This answer, even if it saved his skin in the short-term, was a turning away from the riddle of sexuality and death: it let out the baby—what Freud came to designate as the infantile—with the bathwater. If this notion of the infantile is not elaborated, we end up with the child, that is, a developmental being: a minor. Furthermore, from Oedipus' response, it is evident that the developmental model is an age-old one, not a recent scientific invention.

Freud, in defence of his daughter Anna's approach, wrote to Joan Riviere that, "Ferenczi wittily remarked that, if Mrs. Klein is right, then children really no longer exist" (Hughes, 1992, p. 277). Here the reference appears to be to Klein's telescoping of the Oedipus complex into the first few months of the infant's life. But whether it is in the first few years of life, or the first few months of life, both of these developmental interpretations can be subsumed under Freud's more structural reference to 'Pregenital Organizations' (1905d, p. 197), which might pertain to any age. If Ferenczi's anecdote is ironic, it is nonetheless to be taken seriously. Does a child exist? A child might be considered to be a dependent, but what adult is entirely independent of others?

1 This paper draws upon, and elaborates, passages from the author's recent book, *What is a Child?: Childhood, Psychoanalysis, and Discourse*, London: Karnac, 2015.

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Freud himself in his 'Foreword' to August Aichhorn's *Wayward Youth*, places the child together with his perverse counterpart in the following way: "The child, even the wayward and delinquent child, should not be compared to the adult neurotic" (1925, p. vii). Freud tells us that, "the child lives on almost unchanged in the sick patient as well as in the dreamer and the artist" (Freud, 1925, p. v). It is obvious here that Freud is not referring to 'the child' as an age or a stage of development—since this child can just as easily be an adult—but rather as a particular psychic structure.

Oedipus' destiny was foretold by the oracle of Delphi. But Oedipus was not unique: each child is also born with a singular legacy: he or she takes up a predetermined place in the unconscious fantasy of each of the parents. Each child is born into a particular family, into a language and culture, with, in most instances, a name and a place already foretold for her or him. Such a destiny also in part determines the child's relation to sex and death: the riddles of each subject's existence. What we shall put forward here, then, is what could be called the pre-subject: the weight of the particular inheritance into which each infant is born, singularised in the sexual encounter of a particular mother with a particular father. It is specifically this, which will be the focus of this paper. In addition to this, of course, the child brings his or her own particular variables and characteristics, and, moreover, is subject to what Freud calls the 'accidental factors' (1905d, p. 131) of history. The subject must then—in his or her itinerary through life—deal with this legacy, and take up such characteristics and 'accidents' in his or her own singular manner.

The ages of man

From ancient times, and throughout the Middle Ages, life was divided into a number of ages. Such a division into the Ages of Man constituted a logic that was universally understood in a way that we no longer comprehend today. According to Ariès: "A man's 'age' was a scientific category of the same order as weight or speed for our contemporaries; it formed part of a system of physical description and explanation which went back to the Ionian philosophers of the sixth century B.C" (1960a, p.19).

The account of these ages best known to us, and no doubt the best articulated, is that of Shakespeare in *As You Like it*. We could say that he plays upon the word stage, not simply a period of development, but also the setting of life's dramas:

All the world's a stage,
And all the men and women merely players.
They have their exits and their entrances,
And one man in his time plays many parts,
His acts being seven ages. At first the infant,
Mewling and puking in the nurse's arms.
And then the whining schoolboy with his satchel
And shining morning face, creeping like snail
Unwillingly to school. And then the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress' eyebrow. Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honour, sudden, and quick in quarrel,
Seeking the bubble reputation

Even in the cannon's mouth. And then the justice,
 In fair round belly with good capon lined,
 With eyes severe and beard of formal cut,
 Full of wise saws and modern instances;
 And so he plays his part. The sixth age shifts
 Into the lean and slippered pantaloon,
 With spectacles on nose and pouch on side,
 His youthful hose, well saved, a world too wide
 For his shrunk shank, and his big, manly voice,
 Turning again toward childish treble, pipes
 And whistles in his sound. Last scene of all,
 That ends this strange, eventful history,
 Is second childishness and mere oblivion,
 Sans teeth, sans eyes, sans taste, sans everything.
 (Shakespeare, 1600, p. 638, Act 2, Scene 7, lines 139-166)

What is remarkable here is that Shakespeare underlines the fictional character of a life lived, in which these different developmental stages are mere roles that are played out upon the stage of life. In this rendering, such roles are arbitrary and may be reassigned according to any particular era. Shakespeare's account of the oblivion of the endpoint of life, the inexorable loss of death in which Man is "sans everything" is far from picturesque.

Our contemporary understanding of what constitutes a child, and the attribution of childhood as a phase of life distinct from all others, according to Ariès' thesis, is a relatively recent event in the evolution of Western culture. His thesis is that in the mediaeval era there was little room for the notion of childhood, at least as we know it. He refers to mediaeval art in which children are depicted in exactly the same way as adults, just on a smaller scale. Curiously, some of the first depictions of the small child were those of the soul leaving the defunct at the moment of death. And elsewhere the angel of their Annunciation delivers to the Virgin Mary a naked child, the soul of Jesus, which penetrates her body through her mouth. Ariès refers to this moment as "the entry of the soul into the world" (1960a, p. 36). One of the words that is used to attempt to circumscribe the notion of the subject is still the ancient Greek word *psyche*, or *psyche*, which means, amongst other things, life, breath and soul. The soul, through the German equivalent *Seele*, was also the means through which Freud spoke of what we are referring to here as the subject.

Infant mortality and infanticide

Ariès refers to an account from the seventeenth century of a neighbour standing at the bedside of a woman who has just given birth, the mother of five 'little brats'. The neighbour calms the woman's fears in the following way: "Before they are old enough to bother you, you will have lost half of them, or perhaps all of them" (1960a, p. 38). Ariès notes that this strikes our contemporary sensibilities as a rather strange consolation. He puts forward that people could not allow themselves to become too attached to something that was regarded as a probable loss.

The apparent insensitivity of societies—such as ancient Greece and Rome, or even contemporary China—that practise the exposure of children is offensive to us. We forget that such exposure and other forms of infanticide were commonplace in Western nations and tolerated until the end of the seventeenth century. Ariès proposes that, "A child's life at that time was considered with the same ambiguity as that of a foetus today, with the difference that infanticide was buried in silence whilst abortion is demanded out aloud" (1960b, p. 15).

The Church endeavoured to stamp out these age-old practices by vigorous condemnation, and States attempted to control them by coercive measures. It was for this reason that, in the seventeenth century, the first institutions for abandoned infants were set up, such as the Foundlings' Hospital (Hôpital des Enfants Trouvés) that was established by St Vincent de Paul in 1638 (Badinter, 1980a, p. 19). Exposure and infanticide still occur, particularly in countries where termination of pregnancy is illegal. In many European countries there are so-called baby-boxes in which it is possible for mothers to anonymously leave unwanted babies where there are facilities to ensure they are safe. This practice began as an effort to combat cases of infanticide or abandonment of unwanted infants. In our own country it is not an infrequent occurrence to read or see, in the media, accounts of newborns abandoned in rubbish bins, toilets, or on doorsteps. We could also say that termination of pregnancy, as it is practised today, is also the anticipated, modern and surgical mode of infanticide and exposure.

Another modern form of infanticide is that effected as a result of child abuse, which in many cases leads to death. It is not unusual for a child to be killed by direct blows from its parents or step-parents. Such occurrences often make headlines in the media in such a way that each is perceived as an exceptional event. A recent newspaper article in France, reported upon an investigation that followed all births in a third of France over a five-year period. In only fifty per cent of cases of sudden infant death syndrome, a syndrome in which the diagnosis requires the exclusion of all other causes by autopsy, had an autopsy in fact been performed. In extrapolating the results of the investigation, a figure estimated that there were "400 to 800 homicides of minors each year" (Dupont, 2013, p. 11). That is, approximately two children per day in France died as a result of parental violence. Similar data are available from other countries, including our own, emphasising the universality of such phenomena.

In Australia we have an infant mortality rate amongst the lowest in the world at less than 4 deaths per 1,000 live births. Yet there is a certain double standard in the fact that no media storm is regularly made about rates of infant mortality amongst indigenous populations that are more comparable to those of developing nations. In the Northern Territory, for instance, the rates for non-indigenous populations are equivalent to other states in Australia, whereas for indigenous populations the rate is 12.5 deaths per 1,000 live births (Australian Government, 2014). We might propose that such a double standard can only be sustained by a large degree of repression.

I could hardly suggest that the frequent occurrence of these horrors might in any way condone or normalise such occurrences. On the contrary, I would put forward that the usual moralistic stance towards the ubiquitousness of infanticide—in its multifarious manifestations some of which we have discussed here—leads precisely to the repression of the fact of the universality of infanticide. In this view it is always the Other who is responsible for infanticide: an other person, another family, another country, another culture. One only need recall the Children Overboard affair of the Howard Government in October 2001, in the lead-up to a federal election, in which seaborne refugees were purported to have thrown their own children overboard in a supposed attempt to gain asylum in Australia. The media and the general public were all too willing to believe that the Other, the foreigners,

had been willing to kill their own progeny to gain access to our country!

Such a stance is coextensive, therefore, with our not being able to take stock of it. Rather than understand exposure and infanticide as horrors to be relegated to a forgotten past or distant lands, we must propose that—on the contrary—our society is, in part, based upon the repression of these practices. We might forget, for instance, that the practice of exposure and infanticide is an integral part of the myth of Oedipus, and also that of Moses, both foundational stories that underwrite the culture and religions of Western nations. Exposure and infanticide in early childhood have not been eliminated, but rather, they have been forgotten and repressed.

The surplus of love and enjoyment

The construction of the notions of the child, the mother, the father and the family are dependent upon the thinking, the contingencies and the prejudices of any particular era, including our own. This, we can say, is also the thesis of Élisabeth Badinter's book, first published in 1980, entitled *L'Amour en Plus*, or *Mother Love*. In this work Badinter disputes existence of a so-called maternal instinct and demonstrates how the notion of maternal love, as we know it, is a construction of the past two centuries. Margarethe Hilferding, the first female member of the Vienna Psychoanalytic Society, had already proposed a similar thesis in 1911. In a presentation entitled 'On the basis of mother love', she put forward that innate maternal love does not exist (Nunberg & Federn, 1974, pp. 112-125).

Badinter also dates the beginnings of our contemporary notion of maternal love to the end of the eighteenth century. She opens her work in the following way:

In 1780, Lieutenant Lenoir of the Paris police noted, not without some bitterness, that only 1,000 of the 21,000 babies born each year in Paris were being breast-fed by their mothers. Another thousand newborns, the children of privileged families, were being breast-fed by live-in wet nurses, while the rest were taken from their mothers and sent to wet nurses outside Paris. (1980a, p. xix)

Whilst we might speculate about the long-term effects of these practices, there are some indications of their immediate effects upon the infant. Badinter, for instance, recounts the story of one particular nonchalant wet-nurse, ironically called Marie Bienvenue (Mary Welcome in English!), who had 31 infants die in her care within the space of 14 months (1980b, p. 12).

For Badinter, love and enjoyment of the infant are hence en plus: a surplus to the care of the child.

Infanticide and in-fancy

In speaking about this notion of infanticide, I made a slip of the tongue and said "in-fantasy", rather than "infanticide", condensing infanticide with both infancy and fantasy. The etymology of infant is the Latin *infans*: one who is without speech. And if one is without speech, then one is by necessity spoken for. So what then is the relation between infancy and infanticide? Infancy can also be written as in-fancy, "fancy" being originally a contraction of the word *fantasy*. To take this further, we can propose that the child comes into existence as subject only in so far as he or she is fancied by the Other. Thus it is the phantasy of the parents—or the fantasm of the

Other to utilise Lacan's terminology—which is the surplus that breathes life into the infant.

The child is accorded a place in society through baptism—the recognition that there is a soul residing in the child—and civil registration. But this recognition of the subject also has to be particularised by the mother and father of the child who have desired the child and given it life. It is the mother and father who initially speak for the child. In other words, the child can exist before it is born since it has already been given a name and attributed various ideals and aspirations, and occupies a particular place in the fantasm of each parent, in the speech of the mother and the father. This is the singular means by which the mother and father fancy the child. In this manner the baby can exist in-fancy long before it is conceived, and well before it is born.

That is, the repressed notion of infanticide is precisely the reverse side of the coin of in-fancy. It is this surplus—the en plus referred to by Badinter—of the parents' enjoyment of the sexual act by which the child is engendered. This primal scene is followed by a little death, *la petite mort*. The riddle of sexuality and death thus leave an indelible mark of what is traditionally designated as original sin upon the soul of the infant.

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Arts

Hands in My World

Valerie Aylesbury

Midwife hands that roll our mothers tummy
 Seeking to understand our world before birth
 Our mother 'Holding us in Mind'
 In her metaphysical hands
 We are inside hiding and residing
 Growing and knowing

Birth hands applying pressure to our occiput
 Hands around our body guiding us
 Supporting our physical entry into the world
 Finding our mother's hands
 Feeling her skin beneath us so strong and resourceful
 Our body so small and vulnerable
 Her hands that are big and caring
 Firm hold and safety

Whisked away into hands of examination
 Fast hands turning our body to and fro
 Processes without respect
 Observations, weighing, flaying
 Dressing and wrapping

Returned to our care givers hands
 Mum/Dad tentative and gentle
 Wanting to know us sincerely
 Hands come with voices we have already been with

Other hands
 Too much help and too many hands
 Injections, Blood tests, too many hands

Wanting, needing our safe hands
 The ones that come with care and love
 Smell right, taste right, feel right
 Safety

Many weeks' pass
 The hands we experience provide us consistency
 Holding hands, Comforting hands
 Rocking hands, Patting hands
 Hands of Nurturing

Life sends us all its newness and challenges
 Hands sensitively supporting us to
 Feed, settle, know, trust
 Teaching us about our family routines
 Building our brain cell by cell

Discovery of our own hands, watching, turning, investigating
 Long moments of fascination, many fingers and many
 movements
 Learning to make our hands move and do
 Hands that play
 Hands that grasp
 Hands that bring things to our mouth
 Wondering about these very special toys at the end of our
 arms?

Strangers in a Strange Land

Envisioning the darker side of motherhood

Document of research undertaken for the degree of Doctor of Philosophy
 Faculty of Art, Design & Architecture Monash University
 Melbourne April 2016

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Summary

This studio-based research project examines the darker side of motherhood, and its imaging. It does this from the position of the maternal subject's own authentic experiences, cognisant of the unequal nature of the maternal-infant relationship and the idealised expectations that the maternal subject and society bring to the motherhood task. Taking as its starting point the actual communicated and felt experiences of pregnant, birthing and newly-birthing mothers, it identifies three key indicators of maternal experience – first fear and anxiety, second ambivalence and loss, and third monstrous possibilities. The project uses these key indicators as touchstones to structure an approach to the analysis of selected Western art-historical and contemporary motherhood imagery, in which metaphors of fear, ambivalence/loss and the monstrous are sought and elucidated. These metaphors for authentic maternal experience are then pressed into the service of my own image-making as I seek to re-form and to re-present birthing bodies and the early postnatal maternal-infant relationship.

Previous visual research envisioned the pregnant body and the imaginative relationship of mother to the foetus growing inside her. Current research follows the late pregnancy and gives visual form to the act of birthing and to the early postnatal period where the infant is physically separate from, but in close proximity to, the mother, and dependant on her for its survival. The project's research findings are presented in the form of an exhibition of selected visual research, which is supported and contextualised by this exegesis. The art work on display for examination re-forms and re-presents the maternal body and birthing bodies, as collage works on paper, as archival prints from original collage, as charcoal drawings on paper and as photographic portrait works arising out of a two-person collaboration in which my performance with a baby doll has been documented by photographer Konrad Winkler and compiled for viewing in book form.

The research is informed by theoretical, clinical and personal material, and by visual material, both art-historical and of

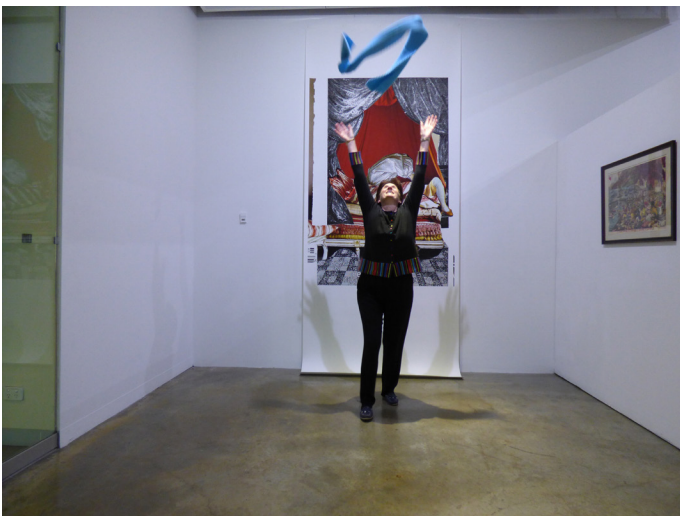
a contemporary nature. The particular focus on maternal experiences as central to envisioning maternity derives from my own background as a mother of two, and as a clinician in psychological medicine working with women and their babies in the perinatal period over the last twenty years. Consideration is given to ideas of maternity as an evolving developmental process and as necessitating encounters with alterity. Regard is given to ideas of mother-readiness, and to the risks women assume in having their bodies colonised by a fertilized ovum, in terms of being alienated from themselves and being made vulnerable physically and psycho-emotionally. These aspects of alienation and vulnerability are inherent in motherhood, and their visualisation forms the core of my research. This is reflected in the title of the exegesis: 'Strangers in a Strange Land...'. The strangeness starts with the colonisation and with growing a baby, and it draws in the maternal unconscious with past h(er) stories of having been an infant herself. It persists through her labour to the eventual face-to-face encounter with the baby, which erupts with the birth. A dyadic dance of connection and engagement follows where mother and infant improvise in the formation of their relational (attachment) bond.

This project proposes maternity as process or journey into strange or paradoxical space, where accepted norms and realities pertaining to self and others in the world are confounded and challenged. Paradoxical space is defined, for the purposes of the project, in terms of the experiences of physical/ psycho-emotional challenge to the status quo for the woman-mother, aptly described as an 'undoingness.' I argue that this undoingness or dismantling flows from the fact of the pregnancy and its attendant impost and risks – a high-jacking of her body to play host and protector to new life. The project finds and forms imagery, unearthed from this darker side of motherhood, where often-overlooked feelings

of bewilderment, confusion, shame and discomfiture reside in the shadows.

With this research, I have contributed to contemporary visual dialogue and to women's reproductive health and wellness through a type of cross-fertilisation, which I hope will foster a looking and listening beneath and beyond surface appearances. I have done this in the hope that a new wisdom may populate our world, where women's words and their meanings can be better heard and understood, as might their struggle and sacrifice in making new people for this world in which we live.

In response to the words of women, spoken as they have encountered strangeness and undoingness on their motherhood journeys, I have brought a sense of being in good company with forebears and contemporaries, and I have brought some visual interest through metaphors affirming the complex, split and ambivalent nature of real motherhood. And in response to the motherhood imagery of others, I have overlaid some of the real words of women-mothers, to allow a counterpoint to the visual and an entrée into the imagery that expands the understanding of motherhood and its realities – through the core/key foundational experiences of fear, ambivalence/loss and the monstrous, and through their visual metaphors. I have applied clinical and theoretical psychoanalytic understandings to the interpretation of the visual, helping to inform the viewer about the psycho-emotional dimensions of the picturing of motherhood. I have also contributed to the visualisation of maternity and the maternal-infant relationship with my own visual constructions – re-formed maternal bodies, re-presented with the help of visual metaphors pertaining to maternity, uncovered during the course of my research.



Arts Review

Bitter-sweet embrace: Strangers in a Strange Land by Sophia Xeros-Costantinides

Review by **Christine Hill**

At first glance *Bitter-sweet embrace: Strangers in a Strange Land* seems very strange indeed. Images of women's bodies are pushed, plundered, and butchered leaving them in broken fragments which are then reconstructed and re-imagined in disconcerting ways. The resulting collages are of women who do not present as a coherent whole, women who are damaged and divided. The pictures tell a story that is both personal and universal, unchanged through history – the experience of becoming a mother can be so traumatic that women are, literally, not themselves. Sometimes it is hard to look; some truths are hard to bear.

The artist, Lucien Freud, said: "Everything is biographical". Sophia Xeros-Costantinides makes this explicit. The painting of the massacre, her grandmother's story, her troubling, prize-winning poem: they're all here in the exhibition, informing her world view, her work as a doctor, and her work as an artist. We see repeated attempts to make meaning, to take the broken pieces of history and 'herstory', and when we look, we sense the yearning to feel whole.

The focus of Sophia's work is the darker side of maternal experience. One can see here a story of women as objects – helpless hosts for the so-called parasitic foetus. Yet, in the photographed performance, we see the infant as object (an 'it', not a person) in the form of a hard, plastic doll – rigid and unblinking. The living maternal flesh and soul exposed shares the photographic frame with an infant that never was alive. We must force ourselves to look, to see, to understand how a fragmented mother might perceive her baby.

Bitter-sweet embrace: Strangers in a Strange Land challenges the viewer. It is not pretty, not immediately accessible, not even very likeable. But it is brave and it is honest in its portrayal of women's experience. Like all good art, it makes us stop, feel, think, and question. These unflinching depictions of motherhood also remind us to be not afraid of what seems strange. Truth is: there's a bit of it in all of us.

Arts review

Sophie X. by Sophie Xeros-Constantanides & Konrad Winkler

Review by **Fiona McGlade**

Included in the presentation of artwork for the PhD thesis of Sophie Xeros-Constantanides was the book titled *Sophie X*, co-created by the artist and the photographer Konrad Winkler. The book is both performance piece and photographic essay whereby the artist and photographer interrelate to draw the viewer into a world whereby the female experience is observed and explored in its most intense and primal manifestation, that being the naked encounter between a woman and her offspring in the first moments surrounding birth.

The photographs are shot predominantly in a grainy black and white within the private household spaces of bathroom, lounge and bed, starkly highlighting the unadorned and personal nature of the subject material. A moment of reverie is observed in the artist before the viewer is then accompanied through interiors beyond mental space into a mindless decapitated bodily realm governed by impulse, instinct and action. By use of a doll as a prop, the mother and baby re-enact the moments of first encounter where by the heavy powerful body of the mother surrounds the infant as a simultaneously life giving and crushing presence. The viewer senses the danger for the infant as it is experienced as an alien fragment, emerging from the maternal body and yet posing a potential threat to the mother whose identity is yet to coalesce around her own new state of being. Mother and infant struggle precariously within the oscillations of maternal ambivalence, both pushing into and away from each other's bodies with a forceful intrusion and extrusion as they strive to resolve the forces that preserve and distinguish self from other. The stakes in this struggle could not be higher as we witness the infant held into the upright female body as if

against a cliff face, posing the ambiguity of whether it is in a place of safety or slipping away with the threat of being lost forever.

Eventually, the mother's face enters the story and with it her mind and her capacity to contemplate her infant. She is seen lying with the infant, bringing with her gaze an apparent softening of the tensions and dangerous frictions between them. The crisis appears to be over as the bodies lie settled, seemingly relaxed and at ease. Another photograph, this one in colour, appears to display a collection of objects and detritus, suggestive of last night's dishes or perhaps the birthing suite's left over collection of used instruments and bodily tissue products. This brings a sense that the drama has satisfactorily resolved with the discarded mess now ready to be cleaned up. A final photograph displays the artist with a handkerchief drawn to her face and lacework in her lap, seemingly reacquainting herself with everyday items and objects as she re-enters a social domesticity.

Those familiar with the artist's work will perhaps recognize these photographs as being source material for a series of drawing of mother and infant presented by the artist. The presentation of the photographs themselves in the book form provides a visual narrative to the wordless drama of primal inter-relatedness and the establishment of human pair bonding. The intensely intimate nature of the subject material and the sensitivity with which it is presented is testament to the deep trust and respect established between artist and photographer. Through the production of this daring and highly original work, Sophie Xeros-Constantanides reveals herself to be an artist of uncompromising integrity.

Program Spotlight: SMS4dads

Richard Fletcher

SMS4dads is a new project to keep in touch with dads before and after the birth through their mobile phones. The brief text messages target three main areas: father-infant connection, father-mother support and co-parenting, and fathers' self-care. The messages sent to the fathers' phones each week contain tips, information, prompts to action and links to other services for new dads. The messages are linked to the stage of development of the foetus or infant so that the topics are relevant to the issues facing parents.

Dads also regularly receive a Mood Tracker text asking for a response to "How's it going?" Dads can reply with Awesome or Cool or OK or Shaky or Bad. Dads who respond 'bad' are asked if they would like someone to call them who is a specialist in talking to men with distress. Mothers are also invited to participate if their partner is enrolled in the study to ask for their perceptions of how SMS4dads worked for their partners.

Examples of SMS4dads messages

There will be many different ways to soothe me. Swaddling or wrapping should be just right. Not too tight. See [Link*] [Txt STOP to OptOut]

Baby-proofing your home now will make things less stressful when I come along. You might be too busy looking after me then dad. [* Link*]

Do you and your partner agree on what is important and what is not at this time? Keep talking to her about this because things are changing.

Breastfeeding. Great for baby, good for mum, and easy on the wallet. If mum wants to breastfeed then let her know you want this for your family.

Sex might be on hold for a while. Try not to be impatient because this might damage the intimacy between you in the long run.

At 20 weeks my eyelids and eyebrows are forming and I can even blink! Not much to see yet but lots to look forward to. [Txt STOP to OptOut]

Hey dad. I am going to double my length and triple my weight in the first year of life. Don't let this happen to you too. [* Link*]

Show your partner kindness and let her know that you appreciate and support her where she is right now. [Txt STOP to OptOut]

Just because I am sucking my hands doesn't always mean I am hungry. It might be my way of chilling out. [*Link*]

SMS4dads feasibility study

The SMS4dads feasibility study commenced in February 2015 to test recruitment, delivery of texts and mood tracking with men expecting a baby in the next six months, or fathers with infants under three months of age. The Family Action Centre, at the University of Newcastle has been funded by beyondblue and Movember to conduct the research.

Preliminary results are very encouraging. The feasibility study is not due to finish until September this year but the results to date suggest that SMS4dads is:

- Acceptable to new fathers

- Connects with dads who are distressed
- Provides useful information to new dads
- Encourages dads to interact with their new baby
- Boosts the relationship between dads and mums

Dads show mums the messages. The text raises topics to talk about. The Mood Tracker messages too are reported to be helpful. Even when dads say they don't reply the regular reminder to check your mood, they say, helps them to keep on track.

Achievements to date

- 500+ dads registered
- 27,400 Text messages sent
- 30% scoring above 13 on the K6 measure of distress
- 250 Locations across all Australian time zones
- Mood Tracker with 5 options linked to the national Perinatal and Anxiety Australia helpline.
- Low drop out from the program, approximately 13%.

What do the fathers say?

A text sent back to the project last week:

We welcomed into the world (3 weeks early) a beautiful girl Sienna Grace* last Tuesday. The texts have been so helpful in getting to know her. We have had some rough nights and I'm sure that will continue, however I wanted to let you know how much I appreciate the texts!! They have been life changing for me and Sienna!

**Names changed*

When dads finish receiving texts we call to ask what they thought about SMS4dads. Here are some comments:

I have kept the messages on my phone and I often flick through them while she is asleep. Really good to know that there was something out there for men

We'd talk about the messages or the links about what's going to happen when the baby comes.

It helped me to take on a lot more responsibility.

The messages made me think about me

I did not know much about baby blues, the sleep one and expectations we have of each other when tired

Mood Tracker made me think about keeping track of how I was going and I started thinking about my mood

I was able to speak to my wife more and find common ground, I felt more confident to talk to her about these things.

I opened all the links and read the info

It was a conversation starter with my wife. We are both so busy working full time we don't have a lot of time to think about these things.

The little tips like "tell her she's doing a good job". I'd tell her and she knew it was the messages and we'd have a bit of a giggle about it but I never would have said that without the messages.

Wish the service was around for my first two kids.

SMS4dads is currently enrolling dads (men expecting a baby in the next 6 months, or fathers with infants under three months of age) Go to www.SMS4dads.com

For further information: richard.fletcher@newcastle.edu.au



I learn from your touch, your voice, your warmth, your strong arms, your mood. Everything you do matters to me dad

JOIN UP

www.sms4dads.com

beyondblue
Depression. Anxiety.

NOVEMBER FOUNDATION
CHANGING THE FACE OF MENTAL HEALTH IN AUSTRALIA

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SMS4dads

INFO TO YOUR PHONE FOR DADS-ON-THE GO

Program Spotlight: Best Beginnings

Wendy Lauder

Best Beginnings was highlighted last year when the monthly group for new parents in the first 12 weeks, run at Bendigo Health, was the winner of a Victorian State Government Early Years Award. With that win came \$15,000 prize money with the objectives of having a regional response (Bendigo Health is the major hospital in the Loddon Southern Mallee region), and to respond to the parents of preterm babies, in particular. To ensure we could support our regional families who often have returned home to their own communities, and to provide a response to our SCBU families who often don't like to go too far from the SCBU, we have produced a DVD covering the topics of feeding, sleeping, partners and supports, playing with your baby, emotional health and preterm babies, enabling those parents who cannot attend the group to be able to access this information. It is based around the principles of attachment and uses information from the newborn observation in helping parents understand their unique newborns.

The DVD was launched in Bendigo in July 2016 and we aim to take it out to our regional hospitals over the next six months.

The trailer for the DVD can be found at the following Youtube address <https://youtu.be/BmM4Jn6Ek1U>

Enquiries about the DVD can be directed to wlauder@bendigohealth.org.au

Invitation to Helen Mayo House Adelaide 2016 conference

Tuesday November 8, 2016

Varied illnesses, varied cultures, varied viewpoints, many different family relationships. Helping families facing mental health issues is often very challenging. Helping families as they become mothers/fathers/grandparents with many differing cultural (sometimes conflicting) views is challenging, rewarding, exciting. Join up mental health and parenting and of course the addition provides multiplying complexities! Our conference will provide avenues for examining many relevant themes: what cultural approaches are appropriate when working with Aboriginal families? Shirley Young will open our conference with this topic. Zakiyyeh Muhammed from Family Haven will later share with us her wide expertise working with families from a multitude of refugee and asylum seeker backgrounds, many of whom have been greatly traumatised. Working with families and many family relationships is then part of our ongoing theme – Patricia O'Rourke from The Women's and Children's Hospital sharing the fruits of her PhD – how to look at mothers in their first hours and days with their newborn infants, followed by Dr Sophie Havighurst from the University of Melbourne and how to work with families with toddlers when it hasn't gone so well a little down the track. There are opportunities to hear these speakers more intensively in small groups as well as at plenaries. In the afternoon, we have men entering the picture! Dr Nick Kowalenko from the Institute of Psychiatry in NSW expands on fathers in families whilst Professor John Condon returns to our conference, this time on the theme of grandparents – helpful and reluctant! His research always intrigues! Dr Jackie Amos, a highly experienced child psychiatrist, will share her work on Shame in families, a theme which emanates from her work with mothers and infants over 20 years with CAMHS, and Angie Willcox will work with one of our own staff, Dr Liz Coventry to provide an expert overview of helping anxious postnatal mothers. So what does that leave? Well, our own marvellous staff talking on a range of topics including borderline personality disorder and an adaptation of DBT to help mums with this condition (Chris Yelland and Sharron Hollamby), Mindful Practices for parents (Lynly Mader), Resilience in perinatal women (Neil Underwood), helping very compromised mother-infant relationships (Dr Rebecca Hill) and me: I will share with you some of my ideas after 30 years of practice in the area.

Come and join us! It will be a marvellous day. A nourishing lunch is included in the cost of registration, and although you may want to use that time for networking and friendship with the many people who attend from all over South Australia – and perhaps some from around Australia as well – we will also show a short film then, made at SA Film Studios "Tell her everything" – a very poignant 11-minute movie about severe postnatal depression on which staff at Helen Mayo House had some input.

Further info by contacting tina.bull@sa.gov.au

Contributors to this issue

Valerie Aylesbury is a Perinatal Infant Mental Health Practitioner currently working in Child Health and with the Anglicare Acorn Parent Infant Attachment Groups.

Robyn Ball is an Infant Mental Health Practitioner at the Lighthouse Foundation, working with young parents, babies and carers and is also Circle of Security Parent Educator.

Ben Goodfellow is an infant, child and family psychiatrist working at Geelong CAMHS on the infant program and paediatric consultation liaison service, in private practice in Melbourne and is a senior lecturer at Deakin University.

Richard Fletcher is leader of the Fathers & Families Research Program at the Family Action Centre, University of Newcastle.

Christine Hill is a writer, researcher, midwife, and perinatal psychotherapist with a penchant for performance art.

Wendy Lauder is a Parent Infant Mental Health Clinician working in private practice and also employed by Bendigo Health women's and Children's Services as the Perinatal Emotional Health worker.

Vivian Lee is an infant, child and family psychiatrist working at the Agnes Parent and Infant Unit based in Traralgon, and in private practice in outer south-east Melbourne. She is also an adjunct senior lecturer at Monash University School of Rural Health Latrobe Valley and West Gippsland.

Fiona McGlade is a psychiatrist in Private Practice with a long standing interest in Parent and Infant Mental Health. This background and training also informs and influences her other clinical areas of Addictions, Trauma, Indigenous Mental Health and Refugee/Asylum Seeker Mental Health.

Michele Meehan is a Maternal and Child Health Nurse, involved with the Royal Children's Hospital Infant Mental Health Group since its inception. She holds a Master's Degree in Infant Mental Health and currently works in private practice specialising in feeding problems.

Nicole Milburn is a Clinical Psychologist and infant mental health specialist in private and public practice. She is the Infant Mental Health Consultant to Take Two, the Victorian mental health service for child protection clients.

Michael Gerard Plastow is a psychoanalyst (Analyst of the School, The Freudian School of Melbourne, School of Lacanian Psychoanalysis, and member of l'Association Lacanienne Internationale) practising in Melbourne. He is also a child and adolescent psychiatrist based at Alfred Child and Youth Mental Health Service.

Anne Sved Williams is the medical unit head of Helen Mayo House, Women's and Children's Health Network, South Australia, a position she has had held for 28 years. She has a passion for working with women with mental illness and their infants with a particular research focus on borderline personality disorder

Emma Toone is a child psychotherapist in private practice, leads therapeutic responses for infants in the Berry Street Family Violence Service and lectures in the Department of Psychiatry at Monash University.

Sophia Xeros-Constantinides is a clinician working with young adults, mothers and babies, as well as an artist in her own right, having just completed her Fine Art PhD on envisioning maternity.