



FROM THE EDITORS

Our first Newsletter for 1993 has a new description - it is Volume 5, number 1. We hope that this will make it clearer for those who keep their copies. In the past, there have been some anomalies in the numbering system. But as this is the fifth year that the Newsletter has been published and it looks like a very thriving enterprise, it seems time to be more obsessional about such things.

In this edition, we are pleased to be able to present a very stimulating paper from Norma Tracey on Parenting in Sydney. The next edition will, we hope, present material around issues of Attachment. The deadline for news items, etc, will be June 15th, 1993.

We are hoping to become a really national Newsletter and in this edition we have news from Victoria. Related to this aim, there is a brief account also of the new structure of WAIHM, and possible ways in which we may become a national organisation. The Newsletter at present goes to members and subscribers in four States and we would welcome news from all States. News items, articles and notices of meetings are welcome, preferably on disc saved in ASCII, BUT if you are not able to do this, send it anyway. Our address is Box B7, BORONIA PARK, NSW 2111.

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 Elected November 4, 1992**

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PARENTING IN SYDNEY IN THE 90'S

NORMA TRACEY

INTRODUCTION

This paper looks at the way parents' inner emotional experiences are affected by the expectations and values of their social, demographic and economic world of the 90's. Ten Sydney couples were interviewed and parts of their stories are narrated here. Each couple was asked: 'What are your ideas of parenting? How are these influenced by the world you live in here in Sydney? How different are your ideas of parenting to those of your parents? What do you need from the world around you to help you be the parents you wish to be for your children?'

Statistics from the Australian Bureau of Statistics together with recent studies from agencies concerned with parenting, give useful background to the first hand material parents narrate.

(1) WHAT ABOUT PARENTING IN THE NINETIES?

- (1) Child population will increase from 3.7 mill. in 1987 to 3.9 mill. - 4.7 mill. in 2031. There will average 2.4 children in each family.
- (2) Decreasing fertility rates. (one less child per family). Aging population nearly 25% over 50.
- (3) Average marrying age - mid 20s. 30% of woman are over 30 when they marry. Child bearing and child rearing are compressed into shorter spans of longer lives. 27.8 median age of mother's bearing first child.
- (4) More premature infants surviving. In King George V Hospital 1991, 4759 infants were born, 156 infants died. Survival is now possible under 1,000 grams and under 26 weeks gestation.
- (5) 2,000 adoptions in Australia each year.
- (6) 28,000 abortions per year in NSW (not including public patients in public hospitals)

The parents of the 90's have choices never imagined in previous generations. They choose whether or not to have children, how many to have, and when to have them. If they are infertile, they can attempt hormone and drug therapy, adopt from overseas countries, or benefit from a developing IVF programme. If they are in a lesbian relationship, they can choose artificial

insemination. The parents of the nineties conceive at will; they also abort at will. If their infant is premature, it has a better chance of survival in the 90's. Parents can choose where to give birth. It may be a maternity hospital, birthing centre, or home. They have their babies later rather than earlier in their fertile years; they are either married or single; they spend far less time at home with their infants; they expect a place in the work force; mothers have maternity leave and other work aids unknown before this generation; there is more divorce and remarriage than ever before; there is a greater intermix of sexual identity roles; where the fathers have stayed they are more involved in direct care of their infants.

The parents of the nineties will face a social environment where the emphasis is on material possessions which will require two parents to work; for example, for a house. Career, or external work, will be a significant part of a couple's life because there are fewer children per family and less time spent with them. Some woman will stay home and care for their children and their aged parents. A tremendous amount of voluntary work will also be done by these woman. There will be no economic gain from such work. Others will go to work outside the home, some by choice, but sadly many out of economic necessity. Looking more closely at parental roles, the father will probably be more involved in the pregnancy, be present at the birth and share the role of primary caretaker. He will be more emotionally involved with his family than his father was. His conformity to the stereotype role of breadwinner is over. There will be an overlap of roles. He will respect his wife's desire to work and will probably share in the housework, although do no where near as much as his wife. Equal sharing remains a myth. Parents will need most money and material comfort at a time when they are most vulnerable and most unable to afford it - with very young babies.

(2) THE DISADVANTAGED AND VULNERABLE PARENTS OF THE 90'S

(1) 1 in 3 marriages will end in divorce. In one year - 41,383 divorces occurred involving 40,000 children.

(2) In one year 260,000 children lived in step-parent families.

(3) 8% of all families are single parent families. Of these, 87% (273,911 in 1992) are female sole parents compared to 934 male sole parents. 22% of births in 1991 are to unmarried women.

(4) Over half of single parent families were concentrated in the lowest quintile (i.e. lowest 20% of income level).

(5) Two thirds of all children in the lowest quintile belonged to parents dependent on Government pensions or benefits.

(6) 67% of children in lowest income quintile lived in couple income units.

Some of the women I see have to struggle in a heroic way with problems to do with poor initial emotional attachment and love from their own mothers during their childhood. Many have serious marital problems; some have had a previous miscarriage, a previous baby die, or a baby born with hereditary illness, or some abnormality. Some are deserted by their partners, have small children to care for and are below the poverty line. Financially destitute, their survival is a day to day task. Many lack the support of a mother or other family or friends. Isolation of a social kind is a very real problem in a city the size of Sydney in the 90's, and those in most need are often incapable of making social links or ties.

In "Maternity - Letters from Working Women 1900 - 1913", the problems from that period were inadequate income, an absent partner or a partner on a poor wage or out of work. There was a lack of available skilled advice during pregnancy, there were marital problems and problems of sick older children. Often the mother, as a result of continual pregnancies, was in extremely poor health herself. The lack of contraception, of course, made things much harder. That was 80 years ago.

Now in the 90's, there is more skilled medical advice. There are far better pre- and post- natal clinics. There are Birth Education Classes and with the availability of contraception, pregnancy is now a choice. However, there is still no private or Community Health Service set up for the specific emotional problems of the pregnant woman. This is despite the fact that she is at her most vulnerable and most motivated to "get it right" for herself and her coming baby during this stage.

This letter from 1913 is called Twenty Years of Child Bearing. I have chosen it because it is typical of the hundreds of letters published in 1913.

No one knows the struggles and hardships we working women have to go through. I am the mother of eleven children - six girls and five boys. I was nineteen years old when my first baby was born. My husband was one of the best and a good father. His earnings was one pound a week. Every penny was given to me, and after paying house rent, firing and light, and clubs, that left me eleven shillings to keep the house going on; and as my little ones began to come, they wanted providing for and saving up to pay a nurse, and instead of getting nourishment for myself which we need at those times, I was obliged to go without. I was glad to get up before I was able because I couldn't afford to pay the nurse. I kept on like that till the sixth little one was expected, and then I had all the others to see after. The oldest was only ten years old. About two months before my confinement the two youngest fell ill with measles. I was obliged to nurse them, and the strain on my nerves brought on brain fever.

All the Doctor could do for me was put icepacks on my head. Oh the misery I endured! My poor old mother did what she

could but she was seventy. The lord spared me to get over my trouble but I was ill for weeks and obliged to work before I was able. After that confinement, being so weak I took a chill, and was laid up for six months, and the neighbours came in and done what they could for me. I had my husband and the little ones to look after. It was the worry that kept me from getting better. After this I had a miscarriage . . . with the eighth, I had two down with the measles, and a two year old with his collar bone out and a little girl of thirteen with her arm broken. My dear husband was worried out of his life as I was only having a pound a week and everything to get out of it.

Here is a story from Joanne, a mother of the nineties. She lives in Campsie, a western suburb of Sydney.

I am thirty four years of age. I have been separated from my husband for 6 months now. I have three daughters aged nine, eight and seven and a son aged ten weeks. I had an unplanned pregnancy. There were lots of rows and loss of temper on both parts. I pleaded with him to stay, but he insisted I had let him down and had tricked him into this pregnancy. I had an IUD and the pregnancy was an accident. He doesn't believe me. The Doctor removed the IUD after I got pregnant. It left me with what the Doctor called an irritable uterus. I was hospitalised three times during my pregnancy and my children had to fare for themselves with my husband looking after them. The last time I came home from hospital, he left. I felt it was the baby's fault. I didn't want this baby and I've had nothing but trouble with him from the day he was born. I was depressed right through his pregnancy. I am still irritable and unhappy most of the time. I can't get away from this baby waking up and crying. From the beginning he has refused to suck and every feed is a nightmare. I have a two bedroom house. I have three girls and my son is in their room. They all complain they have no space of their own. When he is sleeping the girls can't make any noise or even move around, because if he wakes up, no one sleeps. I moved him in with them because I hadn't slept for nights and I was afraid I would hurt him. I have money problems, big ones. Sometimes I don't have enough money for food. My parents won't help because my husband fought with them and I took his side before he left. The girls loved their father and their grandparents and they've lost both. The girls' school work is going down. The teachers are complaining. They won't let me tell the teachers that their father has left. I imagine they still want to protect him.

I guess I do too, because I just keep hoping he'll come back. Well I have to, it's all I've got to look forward to. I feel it can't get any worse. I'm depressed most of the time. I suffer from terrible headaches. I need someone to look after me, not me to look after children. Everyday I think, I've just got to make it through today and tomorrow might be better.

LINDY'S STORY.

Lindy is an outer - western suburban mother.

I am twenty eight years of age. I have a daughter aged three and a son aged two. When my husband and I found out our second baby had cerebral palsy it was too much for him to cope with. He left home supposedly to work in the country.

He never was one for responsibility in the first place. He came back when the baby was eight months old. Everything looked good for a couple of months. When I found out I was pregnant again, he left again. I've been on my own for the whole pregnancy.

I'm terrified something will be wrong with this pregnancy like with my last baby. I have nightmares every night thinking this one is going to be like the last one. The last one was premature and I keep looking for signs of this one being premature. I became such a nervous wreck with constant headaches. I just couldn't cope any more and I moved in here with my mother and my brother. She doesn't want me here. She tells me so at least twice every day. I can't stay here, my husband will never come back if I do. I've got a dollar to my name and my cheque isn't due until next week. I can't even afford a newspaper to look for a flat, let alone a house. My husband contacted me last week. He said he'd come back when this baby's born. Look, we don't love one another, but I've got to be practical. I need him. I can't even get to the doctor every fortnight for the other little one with cerebral palsy. I'm going to make sure I don't attach to this baby when its born. I'm frightened I will attach to him and break my heart again, like I did when I found out Tom had cerebral palsy. I'm going to make sure he's alright first, before I let myself feel anything.

(3) THE MOST DISADVANTAGED OF ALL PARENT GROUPS ARE:

- (a) ABORIGINAL PARENTS
- (b) MIGRANT PARENTS FROM NON-ENGLISH SPEAKING COUNTRIES.

(1) Aboriginal women have an unemployment rate of over 30%. National average is 11.00%. The rate for Vietnamese women was also close to 30% in 1991.

(2) In 1991 - 51,556 children were born to a father from an overseas country. 54,785 were born to a mother from an overseas country. 24,358 parents were from the same overseas country.

The migrant man and woman suffer the trauma of identity loss in the migratory process. They no longer know where they belong or who they are. They often lose social status and social and personal orientation. Psychologically for them, and even more so for refugees, there is a wrenching from a culture that is familiar and known since birth to a culture that is alien and where they will never feel they belong. They also often lose their family, and are wrenched from a village environment of emotional caringness to an environment that at best sees them as inferior, and at worst has no concern or acknowledgment of them at all.

For the refugee, not only have they been victims of war in their own country, but they are often also exploited here. I visited homes in an inner city suburb, where pregnant women worked on machines in their crowded rooms from morning

until night for a salary that would shock any Union member. In another place I visited, there were eighteen people living in one small house and three of the women had babies. They seemed uncomplaining and grateful to be here in a safe country. They did not view this as hardship compared with what they had suffered.

An early childhood nurse in Marrickville reported to me the kinds of problems in parenting suffered by the Vietnamese population. Firstly, many of these mothers do not breast feed their children. They think it is healthier to bottle feed. Where they come from, only the poor breast feed while the rich use a Western milk substitute, which is regarded as a status symbol and best for baby. Their babies are overfed. The bottle is propped up and kept in their mouths all the time, and they are encouraged to suck even while they are asleep. It is not difficult to look below the surface and see the mother feeding her own hungry internal baby, starved in the trauma and chaos of the war years, and now lonely and lost here in a new world. Solids are not introduced until 12 to 15 months. This is too late and food refusal begins. They are then force fed. They walk around or ride their tricycles with the bottle hanging out of their mouths, almost as a comforter or an addiction. The sister said, "You try telling them, but they can't hear you. You are so frustrated because their own word passed around in their own community is all that can be heard. You sit there watching something going wrong and know you cannot change it. You get all the problems that go with food refusal including mother's massive anxiety and anger. I think we have a big job in ante-natal care to re-educate them. Here is a job for the health professional of the nineties."

VAN AND NGOC'S NARRATIVE.

Van: We did not come from Vietnam to Australia. We came from Hong Kong. We have been refugees there for three years. The first year was the worst, because we lived in a cage and could not go out anywhere. We were prisoners. I had already had three miscarriages. I knew I was too weak and sick to have another baby. This camp was not a good place to have a baby. I had an IUD put in when we arrived there.

Ngoc: We had good land in Vietnam and we came from a hard working and happy family. We grew rice. Both our families came from the same village. Both our families were very happy for us to marry because they had been friends for a long time. We were lucky not to be caught in any of the fighting during the war. We had our first son after only one year of marriage. Everyone celebrated with us. We did not go to a hospital but to a clinic. We had a midwife and the baby was born very healthy. When he was two, the soldiers arrived one day and said, "We want all this land for government use and you must leave it in two days." Van was three months pregnant. We had to leave all our belongings, because we could not carry anything. We walked to a city one hundred miles away. Van lost the baby on the way. It was very hard there and there was no work. Van lost another

baby and she was very miserable and lost hope of a healthy baby.

Van: I felt very weak and very sick, and each time I lost a baby I became more sick and more unhappy. We decided to flee with our parents to Hong Kong. We had been such a happy and close family and we stayed together. I am the eldest girl. My husband's brother had come to Australia two years before. We asked if he could bring us here. When we knew we could come to Australia I took out the IUD and I became pregnant again. This was my new country baby and I knew I would have a freedom baby here and it would be alright. I was five months pregnant when I felt the baby move. It was the week I arrived in Sydney. I am still unhappy because my mother and two sisters are still locked in the cages in the Hong Kong camp. We know they cannot be freed. We have contacted a relative in England to try and get my family to him.

Ngoc: Here I will help her with the baby. Although this is strange for me, I will do it. For her it is a special baby because we are in Sydney. It is not a special baby for me. Nothing is special any more, just safe and alright. I must not think of the past, my wife must not think of the past, we live now because this is our life to live now. No! I do not become sad when I think about the past, because I must forget it and not remember. Our baby will not know there was a past, he will only know this country.

Van: I miss my mother because she is not here now while I am pregnant. We do not write to our family in Vietnam because it is too dangerous. I write to my mother in Hong Kong. She is seventy years old. I do not cry because she is not here. We do not cry, Ngoc and I. Our son does not cry either.

(4) BALANCING WORK AND A FAMILY.

- (1) The highest rate of growth in the labour force is married women with children under school age.
- (2) For every dollar a man earns a woman earns 65 cents.
- (3) 30% of women work full time, 50% are at home many of whom work in voluntary service. 20% work part time.
- (4) In 56% of two parent families with dependent children both parents work.
- (5) Women will spend 27 years of their life in paid work and will stay at work until their first baby. Most will return to work after maternity leave or when children are at school. The trend is to work part-time for 2 years after maternity leave and then full time.
- (6) 46% of women in single parent families work.
- (7) 57% of all employed married women have dependent children. 45% of married women with children aged 4 or under are in the labour force.
- (8) In 8 years, only 15% of women of child bearing age will not be working or looking for work. Almost two thirds of the growth in labour force in the 90's will be women.

There is a breakdown in the traditional belief that women should stay home at the expense of a career. Some mothers return to the external workforce earlier than they wish. They do this because of social expectation, fear of losing their position in the work force and because their role at home is not sufficiently appreciated or supported. Sometimes mother goes back to work because she is afraid of the regression being with a baby requires. Sometimes it is because she is depressed and feels a failure with her baby, believing someone else can do a better job with him. Some mothers have to work against their wishes to survive economically. Some mothers will choose to stay home and work at being full-time mothers, by far the hardest and most demanding work there is. Some mothers want to work. Some mothers find returning to work as a re-establishment of their identity. They see it as a release from the baby as he becomes more independent. They are pleased with the increased maturation given by motherhood. They seek fulfilment through doing their own thing as baby lets go. Outside work is best in small amounts, building up to suit the needs of both mothers and babies.

CAROLINE

(Caroline gave up work for 3 years to be with her children and then returned part-time.)

Modern woman is seeing mothering as a part of her identity, rather than her whole identity. I feel I have choices to live a life outside of home. I expect different things from life and more of a life of my own. I'm no martyr to the family like my mother was. She gave up everything and then ended up an embittered old woman, not sure she had ever had a life of her own. She always made us feel we had robbed her.

JILL

(Jill is a professional older mother)

I still feel my husband is doing me a favour by helping in the kitchen or with the washing. I still have it in my head that it's women's stuff. Where has all the playing gone? You must be joking! I work all day in a job. I get home at six o'clock just in time to get dinner ready. I just cope through to washing up, and then I collapse in front of the T.V. with no energy left but to sit and vegetate. I feel as if the day has already used me up, and anyone in my family wanting more is likely to get their head bitten off for demanding it. Or I do it out of a sense of duty and hate having to do it. Michael helps. He does a lot of the chores and sometimes the children help out too. I'm still trying to work out how this makes me a liberated woman? And if it does, who wants liberation anyway. I could have female friends if I worked on it, but I haven't got the time or energy. I feel that any energy I have should go to the children anyway. I dread the phone ringing because it might be a friend or family member wanting a chat, and then my husband and kids feel cheated. For ages I thought it was just me. Then I started to talk about it with other women, and they were in the same boat. Some women who had separated from their husbands were worse off. What I want to know is, where is the liberation in all this?

(5) BEING A FAMILY WITH MOTHER AT HOME IN THE 90'S

GILLIAN

(Gillian is a mother of four.)

I get angry at the way society treats young children and their mothers. They are seen as a burden and a pest. They are the future of our world. I resent being told that I'm at home loafing. I think motherhood is the most demeaned job in the world. You don't lose that motherhood mentality once you've had a baby. The world is never the same and your priorities change drastically! When I went out to work, it had a beginning and an end. There was a starting point and a final product. You felt you had something to show for a day's work. At the moment, I can clean up a mess and an hour later the mess is back on the floor. I can wash a bucket full of nappies and in an hour that bucket can be full of nappies again. It's an endless cycle. Sometimes it feels as though you're pushing a boulder up the mountain, only to have it roll down again. The end product takes years and years. People talk about going back to work. Heavens! What do they think we are doing now? A job has status. Look at your social status as a mother; there is an enormous lack of baby feeding and changing rooms, public buildings are not designed for access for strollers, and it's virtually impossible to fight your way on to a bus with a baby, a bag and a stroller. How many restaurants can you go to as a family? They would be more kind if they put a sign outside saying 'Children not allowed,' rather than the reaction we get when we take our children in. There is a feeling that it is low class to have children. These social attitudes make a woman feel bad about being a mother, and when she feels like that it's harder to feel good towards her children.

SANDRA

Mothering is hard work. My husband would arrive home from work and I'd be a frazzled mess. His response would be, 'What have you been doing all day?' I have a three year old and a seven month old. We live in a unit. My three year old is like a caged animal and takes it out on the baby. I find if I'm not in the park with a packed play-lunch by 10 or 11 a.m. every morning, she starts to tear the house apart. It is very lonely in the unit. I find other mothers in the park and we talk. Some of them are up half the night with colds and sickness, the same as I am, and some are sleep deprived. Of course it looks like I do nothing much. I come home and make lunch, put one down and if I'm lucky the other will have a sleep, while I do the washing, prepare the dinner and clean the house. The constant emotional demands are the most wearing. I'd love to get out and work for even a few hours one day a week, for a change. Where do you get a job like that? And what if one of them is sick? It becomes a constant battle of interests. A bit of extra love from my partner wouldn't go astray. I hope he reads this.

DENISE AND MAX

Denise and Max are an inner suburban family from Drummoyne. They have four children and Denise has just found out she is pregnant with her fifth.

Denise: I guess I'm what you would call a full time mother. I

don't think I could cope with a career outside the home now. I would be thinking of the children all the time I was at work. I would have a sense of missing out on their activities. I was enjoying Edward moving towards the toddler stage. Now I find I'm pregnant again. It was a shock to find myself back to square one again, but we've adjusted to the idea. The hardest thing is coping with other people's responses. We live very much in a world where people have two-point-three children. I think the modern assumption is that if a woman has a large family, she's stupid. I have been on the receiving end of jokes like - " Oh! Haven't you worked out where they come from yet?" We've had our children because we love children. I'm feeling emotionally sensitive so early in the pregnancy. I'm not my usual physical self at the moment, but I do wish my family wouldn't say things like, "Oh! How terrible!" It hurts!

We assumed our fourth was our last. Max, my husband, is happy about it and I know the children will make room for one more. Beverly, Frances and Alan came to the Birth Centre and helped me give Edward his first bath. His first smiles were at the older children rather than at me. He clings to me and crawls back to me when he is tired or is upset by something, but when he is happy he is most content following the other children around and watching them.

Max: I share all the work, and with such a large family my career takes second place. I come home from work and know that I'll be bathing the children while Denise puts the dinner on. Or I'll be home first and I'll put the dinner on. Either one of us take the washing off the line or dress the two little ones for bed, for example. Whoever finishes first sets the table. The kids pitch in and help with setting the table and drying the little ones.

I enjoy it! I think it is hard work, but there is no distinction about who does what. It's a combined effort. Why shouldn't it be?

(6) PARENTAL ROLES AND INTERACTIONS IN THE 90'S.

- (1) In two-parent families, 83% nominated mother as responsible for care of children.
- (2) In 1990, the ACTU was successful in a claim for parental leave for fathers, in lieu of mothers.
- (3) Flexible working hours allow men and women to fulfil family commitments while still pursuing a career.

Rising house prices, increased costs of raising children and higher material expectations are making the double income family more of a necessity than an option for most families.

In the 90's, divorces, separations and desertions are a matter of course. People do not stay in relationships that do not reward them adequately. There is now little social shame attached to being a lone parent.

And the man of the nineties? At work, he will have to live with the fact that women are in the work place at the highest academic and managerial levels. In a new study released by Clemenger

Advertising in December 1992 called Ms Understandings it was found that men do not want to be house husbands, fearing boredom or embarrassment by the change of status. The ideal of sharing domestic chores exists, but it is seldom realised. Wives and mothers "are openly hostile to what they see as selective housework, in which males expect praise for intermittent tasks while women cope, unnoticed, with the constant grind." The study says that the social, sexual and economic liberation of women has created "considerable social confusion" for the man.

Modern women are also "anxious about their chances of becoming mothers. Many place more importance on child rearing than on the emotional security of a permanent partner, because they are more confident of keeping a child than a partner."

This changing role of father is relevant. We know that a mother and her baby need each other. Baby needs his mother for his emotional and physical existence. Mother needs baby for the fulfilment of her own maturational maternal role. But fathering is also emotionally fulfilling for the mature man. He does have an inner desire to father an infant, to identify with his father, to fulfil himself as an adult, and to have his own identity as a father. From birth, he has a relevant role as the protector of the mother-infant unit, shielding it from an intruding external world until the family is a thriving unit. A father has deep maternal feelings as well as paternal ones. He has been released from rigid roles of the past to find his identity in his own way. He expects a closeness and personal sharing and involvement with his baby that his father would not even have asked for.

DAVID AND JANET are a family of the 90's. David is a University lecturer, Janet has a Ph.D and works in a senior Government position on women's issues.

Janet : In the beginning we were good friends, and I was involved in a lot of other relationships and sexual experiences at the time I first knew David. David had separated from his wife and was relieved to be out of the relationship. He was doing his Ph.D, but was pretty much alone. I got pregnant during one of those affairs. I had an abortion and he was very supportive during that time. I wanted to go overseas and needed someone to go with.

"Only if we are having a relationship", he said. It was OK with me as long as there were no strings attached. I thought it wouldn't ever be very serious. I had other relationships going, but he was insistent that he should be the only one. All my friends were saying, "Oh, he is so heavy. You shouldn't give in to someone who is so heavy and pushy." His key strategy was to say, " Look! Give it a month or six weeks. If you don't want it to continue after that time we won't, but give it a try." It was a very successful strategy because I decided it was a very important relationship. I am sure my mother would not have had such a sexually active adolescence. She was a virgin when she married my father. I did feel guilty about leading such a different life to my

mother. In my teens, I was really inhibited about my sexuality. A lot of it was nervousness and ignorance. She would not talk with me about sex, even when I asked her direct questions. I had a lot of guilt which took the form of terror of getting pregnant - I was panic stricken. Sex became a conscious thing of fitting into my peer group. I wanted to go on the pill at 16. My mother wouldn't agree, and I was really angry with her for that. But as soon as I became a feminist, I put it all behind me and it didn't worry me at all. Being a feminist meant freedom. I looked at my mother as a role model, at the way she serviced my father. I looked at the family dynamics and became incredibly critical of them. My mother learnt a lot from me, and she told me I helped her to stand up for herself. I absolutely played this role in liberating my mother.

There was another important dimension to feminism - it is essentially about equity in society and social justice. Being afraid of my sexuality and having almost no relationships, except a few at Uni, meant that I did a lot of other things. I was involved in millions of things, just a lot of extra activities and stuff.

David: Well, my first sexual experience was with the maid. But I was much more interested and preoccupied with moral issues. I remember clearly, around the age of 13 or 14, hating God. At 14, I thought this hating God is crazy. Either God exists or He doesn't exist, so it is stupid to hate God. So I decided I didn't want to believe in God. I think now it may have been my way of no longer believing in my patriarchal, narcissistic and ego-centric father. I am not sure at what point I became conscious that many of my anti-authoritarian attitudes are there as a backlash to the authoritarianism of my father. He was an egomaniac. I have never encountered a more self-centred person. Of all the people on this earth, it is incredible that he found the one who would nurture and pander to his egotism - my mother.

From the age of 13, I had been active in the war in Beirut. Then I arrived here, and I remember feeling disorientated, like I was floating on air. I felt as though everything was being done for me and to me. I lost touch with my own capacity to direct or control my own life. Towards my second year here, I started to wake up out of this autistic-like cut-off state. I asked, "what is going on around here? Why should my aunts and all these other people make decisions for me about where to go, how to live my life etc.?" I succeeded in putting myself back into University. I was looking for a niche, and from one side Marxism fulfilled that role. I could sustain this idea of a clique, of belonging to the group, which had an elitist concept about it, but when you think how alienated I had been by the war and my family and migration, it made sense to be part of a master group rather than bourgeois conformists.

I did fear that I had lost the capacity to relate to people. In a war it is so easy to destroy what you don't like and not have to deal with it. I also know now that I consciously chose a very strong woman, because of my desire not to be anything like my father. It is a never ending struggle, because no matter how much I try, it keeps creeping in and after 20 years it is even stronger than before.

Janet: We planned our first baby but it wasn't much planning, perhaps a month or so. David said, "Do you want to have a baby?", and I said, "Oh yes! Alright!" And it was very much like a project, fun, something to do together. Neither of us thought at all about the implications, even when I was pregnant. We weren't even living together, but

David moved in during the later months of the pregnancy.

David: My father was distressed to say the least. He said one thing, "Between my father and I there was an evolution, between you and me there is a revolution."

Janet: Every time we had a birth class we kept saying, "oh, it's great that we had the class", because at least it made us talk about the fact that we were going to have a baby. When it came, it was still a huge shock to me. I really hadn't planned anything. I was very lucky to have a work situation which was completely flexible - that was an enormous privilege. I could say that I wanted to take maternity leave but I wasn't sure when I would go back, or whether it would be part-time or not. I just wanted to see how it all went and, of course, hardly anyone in the world has the opportunity to be so flexible about it.

We didn't really plan much until we had Katy, and then it was just a huge shock. I mean, it was an enormous shock for me to have that demand.

David: I was present at the birth and very much involved. The demands that a baby puts on your life cannot be conceived until you have one. Even with a second baby, you have already forgotten the demands, until she arrives. We had our worst battles about domestic chores in our first year.

Janet: I was very tired all that time. I was somewhat pissed off by his mother ringing up when I was eight months pregnant and insisting on lunching just with her son. She told him that if we didn't marry, she would never be able to relate to the baby, or feel as though it was her grandchild. My parents would never be so judgemental. They would be disapproving, but they wouldn't make it an obstacle to loving the child.

David: Every now and then, you still feel pressure to marry, not from within but from outside.

Janet: I like the anti-conventional spirit of it, and I have political and social reasons for not liking the institution of marriage, so I still consciously don't want to get married. But apart from that, security doesn't worry me at all.

About the birth: We had a day of pre-labour at home that I remember vividly. It was lovely and then it was very long, very painful and very tiring. David was fantastic. Katy woke every couple of hours for the first few days. I didn't get more than 2 hours sleep at a time. I was getting quite hysterical by the fourth day and that's when I apparently sleep-walked and put her on the floor of the toilet. She had a scratch on her nose and was bleeding. I am quite satisfied with that explanation because I did sleep-walk as a child. I woke up after it happened and all these people, the social worker, the child assault counsellor, paediatrician and everyone descended on me, and David too, and I was absolutely distressed - as if they thought I was going to kill this child. I thought, I can't look after her even in the hospital. What am I going to do when I get home?

David was absolutely fantastic, I just loved him so much more. They put me back in a hospital ward. I was very upset that night, but the staff were really good. They were saying things like, "Obviously you were exhausted and it was a natural thing to do at one level, you just needed the sleep." But they were also concerned, understandably, and they expressed their concern with David. They were saying that it could be post-natal depression. I was hysterical and couldn't sleep, and David lay on the bed with me for a while. I said, "I just can't cope with a baby. I feel so bad for you too, you must feel so terrible that I did it." He said, "Look! I couldn't care what you did, I couldn't care if you threw her

off the balcony. It doesn't matter to me, what matters to me is you." It was really important that he said that!

That day was pretty terrible, but I did get over it very quickly. They sent a infant health worker to visit me at home. She was a constant witness to how tensed up I was, and I believe her presence made me worse, even though she was very encouraging. I resented her presence. I did OK and breast fed Katy for 13 months. I was mostly with her for the first six months, although I was also working and I took Katy with me to work. A lot of mothers are not so fortunate.

At the child care centre, I got occasional care for her a few hours a day from 2 months on. But I did feel as though I was missing out on her, and that I was under massive pressure. It is my one regret with both children, that I never had a block of time without work. It would have been nice with either or both of them to have had 3 or 6 months without any work at all. With Suzy it was even worse, because I wrote the NSB National Women's Health Strategy when she was first born. In order to do this, we all went and stayed with mum and she looked after us. Every minute Suzy was asleep I was working. Next year I am going to actually work less than I have in the past. This is her last year before school.

The children have been in child care 3 days a week, and we have them 1 day each allowing us to both work 4 days a week. I don't think 3 days a week is so much really because most other friends have them in full-time care. I push the children on to David. I think their relationship with him is very important.

With our second baby, we didn't plan her, but we wanted another child. I was surprised when I found I was pregnant and I told David. He said, "What do you think?". I said, "I am certainly happy to have an abortion, but we need to talk". He said, "NO way!". I said, "Do you want another baby?". He said, "Yes."

David: There was always another child on the agenda. I enjoyed Janet being pregnant, I enjoyed my own involvement in the pregnancy and I enjoyed the delivery. I love being with them. I think I have a very close relationship with them. My main tension is when I get bogged down with work and then I feel very guilty because the time I give them is not quality time. I much prefer to forget about work and go out and have a good time with the kids. I enjoy being mother, changing nappies, feeding, that is no problem. I still enjoy it. I enjoy each stage and each stage has its challenge. Katy has reached a stage in the last year where she has serious conversations with me about my penis. She tells me that they have "penis talk" among her friends at Child care. She tells me it is funny because girls don't have one. I tell her that you have one inside you. It does show initiative, but I ask myself to what extent do I want to make my penis an object of discussion with my 4 year old daughter.

What I want most is to give my children time when I am thinking only about them. Many of the thoughts that bring me to where I am are my efforts to ensure I am not like my father. But I really enjoy being so close to my children.

Janet: I suppose the other thing with us is that from the beginning it was a joint project. David gave the first bath in Hospital, not me. Our design was that it would be absolutely equal. When Suzy came, it became clear to me that it was not equal. This brought tension to our relationship. I was simply doing more. It just shows that David is absolutely as sexist as anyone else.

David: It is a struggle, even more so to someone coming

from my background. If I have had a hard day at work, I come home with the feeling that I don't want to be hard on myself, and I lapse into being a good old sexist male. Doing everything I believe in and know to be right, doesn't come naturally to me. The point is that I have to work at it, and when I am tired I don't feel like working on myself, and there is tension. I told Janet, please don't ever take my sanity as given and my understanding of equality for granted. You will have to keep reminding me of what I believe in. It does not come naturally to me.

Janet: Of all our peers, David lives out the idea of equal sharing the most. They all have the same frustrations as I do, and there are endless fights. When we get together socially, there is endless discourse about what men do, and what men don't do. Our friends have changed dramatically. Now they are mostly people with kids. They tend to be more middle-class. There are two families with whom we have dinner every Friday night at someone's house, and all the kids get on really well. We also go away for weekends together. We all talk about careers, and division of labour and equality. We all agonise over it, some are frustrated, some are resentful. Many are ambitious, determined they will work 5 days a week and not sacrifice their career, come what may.

Janet and David express some of the values of a modern family of the 90's including:

Sexual Equality and social fairness as a value in society. Rejection of parental role models. Expectation of more help for working mothers. Fathers more involved with birth and caretaking, less authoritarian. Improved awareness and care of maternal depression. Changes in attitudes to religious institutions. More sexual understanding and freedom at an early age.

(7) CARETAKING IN THE 90's.

- (1) In June 1991, there were 135,000 Australian children in care. 50% of these were in long-day care. 60,000 were in family day care.
- (2) 10% of all families expressed a need for more formal care. 73,600 women cited lack of formal care as the reason for not actively seeking work.
- (3) Only 10% of employers provide any care in the work place. 25% are actively considering child care.

The need of a one-to-one relationship for the small infant is now documented sufficiently to no longer be questioned. Research literature tell us of the relevance of attunement and intersubjectivity of mother and baby in the first four months. The small baby needs to have individual care and a link with the caretaker. If a mother wants to work while her baby is small, she needs to know of the importance of having one stable caretaker. Babies have incredibly sensitive awareness of a mother or a caretaker's presence or absence. Menzies (1975) says, "The babies rudimentary time sense and the connection of the mother's aggression with his

connection of the mother's aggression with his aggression, makes it easy for him to believe she has gone for good. A more protracted absence of the mother, and it need only be for a short time, may act as a dreadful confirmation of the fantasy of permanent loss and lead to obvious stages of depression and despair even in quite small babies".

Family Day Programs are better than an institutional setting. However, for the slightly older child the choice of care is a kindergarten. Not enough kindergarten and too expensive has been the cry of the families I saw.

(8) SOCIAL VALUES

Modern society values performance and the productive use of time. This value system subtly undermines parenting. Performance is not relevant in a mother-baby relationship. The rhythm of a baby is so much slower than the rest of the world. Having the time to wait in this rhythm, rather than pushing mother and baby to fit in with the external world, is of the utmost importance for baby's development and mother's satisfaction. Often babies go backwards before progressing forwards, learning the next step in their own time. This does not match modern values of speed and economy.

A mother needs social affirmation of her role as mother and of her creativity. She is in the most lonely and emotionally sensitive state when she is at home with a little baby. If she feels undervalued, and emotional demands are so intense, she may fear the normal depression of this time. She may lose her capacity to stay with her baby, and flee to the work force, cutting off from her own and the baby's feelings. Society is not set up to deal with depression. It is for the thrivers and survivors. The young mother with her young baby is depressed. Sometimes it is because of the anti-climax experienced after birth, hormonal changes, fatigue caused by feeding, or the task of bonding and being in touch with her baby. Not only is the depression normal, it is necessary. There is a change of her lifestyle, there is a new and awesome responsibility, there is loneliness and an aloneness. Society does not help by idealising motherhood because in so doing it ignores her immense needs - this idealising is denigrating because it ignores the reality of the loneliness and the pain and needs of the mother and the father with a small family.

Pressure for materialistic achievement in our society often competes with a mother's internal desire to be with her baby for longer. Our society does not wish to acknowledge normal depression, vulnerability and dependency. Instead we have placed a value on manic people who do not feel pain, who are strong and who are independent. A mother and father with a little baby are none of these.

WHAT DOES A MOTHER NEED TO FULFIL HER LIFE AND GIVE GOOD CARE TO HER BABY?

She needs support from the world in which she lives. She needs the strength given to her through her identity as woman, not only to attach to her baby, but to be able to release it. At each stage the infant passes through, she as the mother and father as the father, experience an emotional crisis of their own. As she withdraws some of her maternal identity the energy from this is taken back to be invested in another part of her life and redirected. She needs to be able to bring her creativity to her husband, her work place, her hobbies. Her mature contribution needs valuing. There is a need to be able to leave without losing entirely and to be able to re-enter not only the work place, but every area of her living. The work place needs to acknowledge mothering as part of her demands, and accept it as a fact of life by making arrangements that will suit her and her baby. These arrangements include time off for sick children, shorter working hours, and a wider choice of what work can be done on a part-time basis. All too often a woman who is a mother is seen as a liability in the work place. This subtlety undermines mothering.

A woman needs to fulfil her needs through her baby. She needs to be able to recreate her past, improve on it, repeat it. The price of enjoying her baby should not be so steep that it becomes a demeaned and sacrificial role. Children fulfil a woman's need to mother as she was mothered, to find her identity in her mother. Mothers have a need to be with their babies. The mother is there for herself, she is not there just for the baby. The loudest cry from each family I interviewed was a demand for the right to choose - a choice of being in the work force without detriment to their infants, or a choice of staying home without being on the poverty line. A mother, father and baby need so much. These needs are individual as well as their needs as a family. They are in the most vulnerable state of human existence. They are also looking after the future of our world. They need space, time, economic security and emotional support. They need so much . . . And we owe it to them.

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INFANT PSYCHIATRY IN VICTORIA

On July 22nd, 1992, a group of 14 professionals working in the field of infant mental health in Victoria met to form a Steering Committee to consolidate the work already undertaken over previous years and to facilitate the formation of a Victorian component to the about to be formed World Association of Infant Mental Health. This group of people included professionals from fields of psychology, psychiatry, social work, nursing, speech pathology, child psychotherapy and psychoanalysis. Members of other professions have also been involved in the work of infant mental health in the State.

In Melbourne there are several centres with a special interest in aspects of mental health in infancy. An Infant Mental Health Group has been established for some years within the Department of Child and Family Psychiatry at the Royal Children's Hospital. This group provides a direct clinical consultative and teaching service within and without the hospital. At the Austin Hospital there is a large research project being undertaken by Jeanette Milgrom which is presently expanding its direct clinical service base to infants and their families. At Monash Medical Centre Professor Bruce Tonge, Professor of Developmental Psychiatry has worked closely with both child psychiatry and adult psychiatry in the development of services for infants and families where a mother is depressed or severely ill. Dr Andrew Stockey of this Department is also very involved in consultative and teaching work. The Pathways Centre is a private hospital with a vigorous

inpatient programme for infants and parents. Dr Suzanna Taryan and Ms Gail Arnold are two of the staff who have developed this centre. There are three inpatient hospitals devoted to mothers and babies. These hospitals are the Queen Elizabeth Centre, Tweddle Family Services and the O'Connell Family Centre. The Canterbury Family Service provides an intensive outpatient and outreach service for families with very young children amongst its other services.

A number of meetings pertaining to infant mental health have been held in Melbourne. In 1990 there was a regional meeting of the Marcé Society in Melbourne which was well attended. The Second Pacific Rim Regional Conference of Infant Psychiatry took place in April, 1991. This was a joint undertaking of infant mental health workers from both Melbourne and Sydney. The Conference was very successful from scientific, interpersonal and financial perspectives. The organising committee for the Conference drew from the membership of WAIPAD, the Australian Association for Infant Mental Health and from other interested professionals and bodies.

Members of the Steering Committee and others have been involved in the initiation of a number of one day conferences. Speakers have been invited from overseas and include Dr Antoine Guedeny from Paris, Dr Mary Sue Moore from Boulder, Colorado. These two conferences entitled **The Troubled Infant: Mind, Body and Family and Infancy, Psychosomatics and the Caregiver Relationship** were both attended by a large group of professionals from many fields. It was notable that Maternal and Child Health Nurses were very interested in participating in each of these meetings. Dr Joyce McDougal from Paris will contribute to a Symposium on **Psychosomatic Problems** at the Royal Hospital in the near future (see below: editors). There has also been an increasing network of seminar, workshop and in-service training on a less formal basis within the maternal and child health system, the adult mental health system and the paediatric hospital settings.

Members of the Steering Committee have also presented regularly to other conferences including the recent inaugural conference of the Coalition of Child and Adolescent Mental Health Workers in Victoria. With the stimulation of congresses and conferences organised through WAIPAD and other initiatives, many members of the Steering Committee have also spent time in centres in Europe, Great Britain and the United States. Infant Mental Health as a field is gaining the interest and real support of professional and scientific organisations in Victoria. We anticipate that the newly formed World Association for Infant mental health will have an extremely vigorous and healthy body here in Victoria.

Dr Campbell Paul.

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

Bryanne Barnett from AAIMHI, Campbell Paul from the Victorian group and I have been discussing the structure which we might adopt in Australia as an affiliate of WAIMH. Briefly there seem to be two possible models. One would have a central committee with AAIMHI and WAIHM (VIC) as two separate organisations but relating to WAIHM through the Regional Vice President. The other would have AAIMHI as the national organisation with a committee representing Melbourne and Sydney. At this stage, it is not clear which structure we will adopt.

AAIMHI is a designated affiliate of WAIHM. Individual membership of WAIHM costs \$US75, of which \$25 is membership dues, and \$50 the subscription to the Infant Mental Health Journal. Payment may be made with VISA and Mastercard card. I have copies of membership forms and would be pleased to forward them on request to Box B7, BORONIA PARK, NSW 2111.

David Lonie, Regional Vice President.

CONFERENCES, WORKSHOPS AND SEMINARS

Joyce McDougal - Visit to Sydney and Melbourne.

Joyce McDougal is internationally known for her original contributions to the understanding of human emotional experience. She is particularly respected for expanding our understanding of the complex relationships between psyche and soma which can lead to psychosomatic symptoms as an expression of emotional distress. Her visit has been arranged by the Psychotherapy Association of Australia.

In Sydney, she is giving two public lectures - From the Silence of the Soma to the Words of the Psyche on Wednesday, 21st April; and Problems of Sexual Identity and Creativity on Thursday 22nd April both at the Conference Centre, Rozelle, at 8.00 pm. The cost for each lecture is \$25-00, enquiries to Ms Monica Fritchley, phone (02) 804 6889.

In Melbourne, she is taking part in a Symposium entitled Keeping the Body in Mind: Some Aspects of Clinical Work with Infants with Psychosomatic Problems, which will be held at the Royal Children's Hospital on Wednesday, 28th April from 9.30 am to 12.30. Cost is \$30-00; enquiries Dr Campbell Paul, (03) 345 5511

PostNatal Depression: Theory and Practice. A comprehensive one-day conference covering theoretical and clinical issues. South Western Sydney Area Health Service.

Date: Friday, April 23rd, 1993.

Time: 9 - 4.30 pm

Venue: University of Western Sydney, Milperra.

Enquiries: A/Professor Bryanne Barnett, (02) 827 8044.

Family Infant Child and Adolescent Mental Health Forum. Speakers are Professor Brent Waters and Ms Liz Kennedy who will be discussing their new book **EVERY KID**. This will be followed by the AGM of the Forum.

Date: Friday, 21st May, 1993

Time: 2 - 5 pm

Venue: Conference Centre, Rozelle.

Enquiries: Dr N Kowalenko, (02) 887 5830.

Australian Association for the Welfare of Children in Hospital. National Conference: "Embracing the Future. This Conference celebrates the twentieth Anniversary of AAWCH. Call for papers by 28th May, 1993.

Date: October 7 & 8, 1993.

Venue: University of Western Sydney, Nepean.

Enquiries: AWCH, (02) 633 1988

Tresillian Family Care Centres. National Conference: "Towards a Brighter Future for Australian Families". Call for abstracts, papers and posters by 9 April 1993.

Date: November, 1993.

Enquiries: Ms Cathrine Fowler, (02) 568 3633

OVERSEAS MEETINGS

Michigan Association for Infant Mental Health. Annual Conference.

Date: April 25-27, 1993.

Venue: University of Michigan, Ann Arbor, Michigan, USA.

Enquiries: Beulah Warren, (02) 339 4440

WAIHM Workshop in association with the International Psychoanalytic Association Meeting. "Origins of Mental Representations: Enlightenment through Clinical Presentations."

Date: July 25th, 1993

Venue: Amsterdam, Holland.

Enquiries: David Lonie (02) 817 5223.

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I enclose \$55.00 for annual subscription of the Australian Association for Infant Mental Health.

or

I enclose \$30.00 for an annual subscription to AAIMHI, and I enclose proof of my full-time student status.

Please post this form with your remittance to:

AAIMHI, PO Box 39,
Double Bay NSW 2028
Australia