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NEWSLETTER

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FROM THE EDITOR:

By way of an introduction I would like to start out by thanking Paul Robertson and Sarah Jones for all their efforts toward this Newsletter over the past few years, well done! I would also like to extend my gratitude to the members of the National Executive for offering me the position of editor, thank you. One last vote of thanks goes to Vladimir Tretyakov for his efforts to date, thanks Vlad, keep up the good work.

I look forward to my time as editor and steering the Newsletter into the 21st century, as it is my aim to continue to facilitate and provide all our members with the latest from clinical and academic perspectives in the field. Please, please feel free to comment regularly on the quality and quantity of the content of all published material, all contributions, critical or other, will be readily received.

The Newsletters survival is dependent upon your feedback.

Following on with the theme set by Paul Robertson and Helga Coulter on group therapy, I have included an article written by Margaret Booker from Tresillian, on their PND group work. I look forward to your ideas on this exciting area.

The Newsletter will be offering a **Letters to the Editor** section in future editions; I look forward to your comments. Please send all correspondence to either my e-mail or my PO Box address (below).

The March 2001 edition represents a *trial run* for me so I hope it's everything you have imagined and more.

Best wishes,
Victor Evatt.

2000 - 2001 CALENDAR OF EVENTS

MARCH - SEPTEMBER 2001 (NSW)

Sydney Institute for Psycho - Analysis launches a Programme of Public Lectures.

See Pages 11 - 12 for details.

AUGUST - SEPTEMBER 2001 (Western Australia)

AAIMH National Conference in Perth: the dates for the Conference: 30th of August to 1st of September 2001 inclusive. The pre conference workshop is on 29th of August and is run by Aleisha Lieberman. There is also a post conference workshop on 3.9.01, with Mary Sue Moore.

If you haven't received the flyer for the conference, please contact:

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HELPING THE HELPER.

The Impact of Working With Troubled Families

BY: Francis Thomson Salo (Psychoanalist)

I was asked to talk on this topic to AAIMH (Qld) after the following experience. I had been told about a clinician's experience of a week spent hearing about difficult cases, culminating with a case conference. There the clinician felt she had little to offer and had felt anger and pain hearing about the children's pain in a system which was probably relatively powerless to effect change for the better for them. In turn I felt de-skilled with very little to offer, particularly as I had very few details of the cases. I said a few things about not underestimating that if we continued to think actively, we had not failed the children even if what we offered was rejected. I also mentioned that a colleague and I had talked over the years about how doing this work is like a well that gets filled up and never quite empties the toxic projections. After a holiday the level is lower but always a little bit higher than when the therapist first started work. The following week the clinician said that the talking it over had been helpful, which stimulated thoughts about potential toxicity in clinical work and how do we contain ourselves in the face of the pain in the work, and feeling unskilled?

Keeping ourselves able to work has long been a concern of psychotherapists and in 1927 Ella Sharpe suggested maintaining friendships and interests outside the field; looking at films, works of art, architecture and the landscape; and physical activities such as walking, riding, driving. Above all she suggested that therapists create, that they write or paint or produce something to balance the intensive absorption of material. But more than that the question must be how do we contain for ourselves?

I'll touch on why I think there are greater pressures on workers now, how these affect us and how to manage this, bearing in mind the different settings in which work with infants takes place.

I. Greater pressures on us

I'll spell out some of the ways workers are impinged on as I think that being able to recognise them is a first step in being able to stand back from the pain and help think about what has to be done.

Global communication of pain

We can't cut off so effectively. Our barriers to the world can be breached with the globalisation of trauma flooding into everyone's home through the media, particularly TV and the internet. Whereas once we might have been able to shut off knowing about natural disasters and cruelty to children, it's almost impossible to do so now.

The technological developments in communication may create a new tyranny so that we are never truly off-line. William Safire, USA, wrote in the New York Times (The Age, 2000) 'consider the mobile phone's destruction of the wall between work and leisure... Now even when you are gardening, you are on call and on edge...As differentiation frays, stress builds; life becomes a blur, and where there is no real recreation, there is little creation.'

The infant in the room and in us

I think it is more painful for workers to have the infant in the room when they can see that the infant's cues are ignored or she is treated roughly, than hear about a child's pain at one remove. We have been made aware of how trauma structures the brain and its permanent effects, and can no longer deny the infant's pain.

> *"Then we have to give less in order to survive – it's insane -we're so caught up in the system of providing care that we're caught up in this on our holidays when we should be recuperating… There may be problems if we cut down in that we feel we are being traitors.'"*

We may also be more in touch with our own infant past, through increased knowledge about infant development and knowledge gained from psychotherapy.

Workplaces

Anton Obholzer, Consultant Psychiatrist, said in the BBC videos about the Tavistock, 'The Talking Cure', that the workplace is an emotional minefield and we often invest our needs in it rather than family life. 'To deal with pressures we get ill or go for promotion…We have difficulty in saying no, there are demands coming from everywhere e.g social services, there may be unspoken agendas –

it's an impossible situation, no one can do anything about it, neither the staff, or the governments etc…Then we have to give less in order to survive – it's insane -we're so caught up in the system of providing care that we're caught up in this on our holidays when we should be recuperating… There may be problems if we cut down in that we feel we are being traitors.'

Public sector: The system may be abusive when it floods the worker and provides too little support. While more innovative ways now exist to help patients, there are continual pressures over funding and to reach more clients. Working in a residential mother-baby unit for the more disturbed mothers, especially if they are nursed in a system of primary nursing, there is the potential for the different sides of the mother's difficulties to be acted out unthinkingly by the staff.

In therapy with parents and infants even if we work with the transference of the parents to the baby rather than to us, we may be on the receiving end of projections such as being made to feel helpless, and of hate. There may be attacks on the work or on the worker by the parents, for example, because of their envy of her. The worker's clinical sensitivity and ways of working may make her vulnerable. This includes giving up some structures to try to approach without too much baggage and theorising; trying to develop 'negative capability' in order to stay with confusion and uncertainty; and trying to attune to be more receptive to the patient's feelings. And therapists often hold affects, which can't be shared for organisational or moral reasons.

Case conferences: Hearing about a child at risk in a case conference if the worker has no mandate to act is similar to infant observation in that it magnifies the feelings and there may be times when the observer/worker feels close to being overwhelmed by the pain.

Sexton (1999) reviewed the concept of secondary traumatisation of the trauma therapist where empathic engagement makes therapists vulnerable to the detrimental effects of vicarious trauma, and there may be an overlap with work with parents and infants.

II. How workers may respond to these pressures

Over the years toxic projections such as being made to feel helpless and of hate can be accumulated. Anne Alvarez has said of work with children who hate that the therapist is irrevocably changed by the experience. Therapists may be physiologically affected by their patients. The perception of emotion in the other triggers emotion in us (Fox, 19..). One worker I supervised was pregnant and felt that her baby was adversely affected by the projections directed towards her by the patient. Therapists have therefore also to monitor whether their capacity to contain is being enhanced or adversely affected.

When they are under pressure, self-monitoring may be a sensitivity that is lost, so that they don't notice the signs that they're in difficulty e.g. that they take less holidays.

III. Dealing with the ongoing impact of the work

It is now very clearly recognised that it is ethical for therapists to attend to their mental health. The Ethical Guidlines of the Psychotherapy and Counselling Federation of Australia (PACFA) state that 'Counsellors have a responsibility to themselves to maintain their effectiveness, resilience and ability to help clients. They are expected to monitor their own personal functioning and to seek help or withdraw from counselling when their personal resources are sufficiently depleted to require this.' Certainly workers are no use to their patients if they are fragile – they are a breached container who may well make patients feel guilty and back off. A therapist who can't take a holiday or look after herself if she is unwell doesn't help the patient.

Some questions

How do we stop being flooded with pain at work?
Does it matter if the client sees tears in our eyes when they tell us something painful? Have we become unprofessional or could it be ever be helpful to the client? How do we leave our work at work? Do we just have to work at building a split between work and the perhaps more comfortable lifestyles that we and our children have?

A few thoughts

Before discussing containing in supervision, I'll reiterate the need for nourishing family contacts. Individual therapy may provide the most containment where it's felt to promote greater self-awareness and self-control.

We need to be aware of the motivation for work with infants. Mary Sue Moore has alerted us of the need to be aware of our own traumas and pathology such as our rescue fantasies, particularly when we're working at the level of our own past traumas. We need to be aware of how much pain there is in our life concurrently.

I think that if there is varied work what is learned in one setting can nourish the work in another setting. I think workers may not often enough have outlets to share their successes informally along the track and in more formal ways. Can successes be taken to supervision or only the difficulties?

Development of containing

When the infant has an experience of being contained, when another knows her feelings and through her thoughtfulness the infant's feelings are made manageable for the infant, this starts the process of containing for the infant in and by herself. Eve Steel (personal

communication) thought that reaching a containing position was a continuous process in our lives. We know as professionals and parents that the capacity to contain is enhanced over time and with training. What are some of the ways this comes about?

Caper (1997) writes of pulling back from over-identifying with the primitive feelings and thoughts of the patient to an identification with your own psychoanalytic ideals or, perhaps less abstractly, with important figures such as therapists and supervisors. Containing the hate may make us stronger in the way that parents of adolescent children may feel that they're stronger having weathered the adolescent rebellion.

Strong structures at work help. The Brent Walk-in Centre in London offers psychotherapeutic help for adolescents who can be suicidal, perverse, and bordering on psychotic. It is obligatory for the staff to attend the weekly 2 hour conference to discuss their new cases which are creating some anxiety, as well as a case discussion in depth. This conference was incredibly holding as were other structures such as that female interviewers could only see adolescents if there was a male therapist in the building. As the staff felt strongly held so they too could hold the most difficult adolescents. Here the work setting is functioning as an extremely secure container and I came to realise that the staff had internalized that and could take it into other work settings where there was not the same support.

The capacity to contain is more than sitting through difficult experiences with patients or letting them be dumped in you. It does require you to be actively thinking so that your mind is fully available for empathic truthful thinking, even if you feel you have no useful thoughts to contribute. It is important that we do not kill off our thinking when we feel there is no contribution for us to make. Children in therapy are acutely aware of when the therapist kills off her thinking - and when she doesn't!

Supervision in the workplace

I think it a false economy not to offer supervision to all workers including the most senior workers, even if they have up to 30 years in the field. I'm thinking more of this kind of clinical supervision than supervision of the case load management kind or the supervision of new workers which is closer to teaching or monitoring their work. The Maudsley Mother Baby Unit (personal communication) found when they instituted weekly supervision for the nurses in 1996 that days taken as sick leave were reduced from about 23 days a month to 6.

However experienced therapists are, there are times when they may need a supervisor or peer group supervision to help them see how they have been pulled into an enactment (Caper, 1997). That may be the only way a patient can communicate something to the therapist but the essence is that the therapist can't recognize it because they're caught up in it. Similarly if there is a reverse transference when the patient nudges the therapist into a role responsiveness which is close to how a significant person acted towards them in the past, such as a mother who was unavailable because of depression.

Containing in and of itself can be therapeutic and relieve an infant's depression, where the infant feels that you've understood because you convey that you know she is feeling depressed, and she feels communicated with. Is this the basis for some of the effectiveness of containing in supervision? Sometimes when I've thought I've been least helpful are the times when the feedback was that it was helpful, perhaps because I joined the worker in the struggle of facing something when it seemed that it was impossible to think or there was nothing useful to think.

I think that where supervision works well, the worker feels that their work is ethical because it has been under scrutiny, so it is important that supervision be able to be truthful.

Conclusion

In addition to some of the strategies and ways of developing mentioned above Sexton adds working with the workplace to develop proactive strategies to help with the experiences of workers. Other writers have suggested meditation and attending to one's spiritual life so that realistic optimism and a sense of humour can be maintained

Ella Sharpe (1927) talked about 'the rich variety of every type of human experience that has become part of me, which never would have been mine either to experience or to understand in a single mortal life, but for my work'.

I want to acknowledge how much those who came as supervisees helped me contain myself into a clinician who had a supervising and containing function that could sometimes be of use to others. ■

REFERENCES

Caper, R. (1997) A mind of one's own. *International Journal of Psycho-analysis*, Vol. 78 (2).
Davidson, RJ and Fox, N. A. (1982) Asymmetrical brain activity discriminates between positive and negative affective stimuli in human infants. *Science*, 218, 1235-1237.
Moore, Mary Sue (1996). Infant Trauma: from biology to countertransference. Infant Mental Health Conference, Melbourne.
Psychotherapy And Counselling Federation of Australia Ethical Guidelines
Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance & Counselling,* Vol 27, no 3.
Sharpe, E. (1927) *Collected Papers on Psycho-Analysis*, London: The Hogarth Press.
Varma, V. (Ed.) (1997) *Stress in psychotherapists*. Routledge.

One Postnatal Depression Therapy Group

By: Margaret Booker (MSW)

Consultants: L LaTouche,
(Dir. Social Work/Psychology),
Dr. C Fowler, Tresillian.

ABSTRACT

Postnatal Depression (PND) is a significant mental health disorder during the first postnatal year. New evidence suggests that emotional health in parent and infant is crucial to an infant's development. Tresillian Family Care Centre's group therapy program is one program that tries to shift depression in parents in order to free them to see their infant more clearly.

Central to the experience of PND is a sense of incompetence about being a parent. PND therapy groups are designed to shift this pessimism through cognitive therapy, narrative and grief therapy, psychoanalytic insights and family therapy. These theories, often used in individual counseling, are seen to be enhanced through the mutual support and identification which only group therapy offers.

Postnatal depression (PND) has been widely recognised as a significant mental health disorder during the first postnatal year, resulting in psychological distress for the woman and her family. Research suggests that the individual experiencing depression can appreciate the influence of two central problems: a sense of isolation from others and a deep pessimism in their attitude to life (Ramsay Health Care Ltd. 1998). The women who seek assistance from Tresillian Family Care Centres recognise the "battle in the vaults of heart and brain" (Ibsen,1882 p56) but often cannot make sense of it. Groups offer the ideal context to "tell what I think when I see what I say" (Storr,1990 p26) because they simultaneously encourage interaction and connection to others.

" Depression has been described as "learned helplessness" (Seligman, 1994). This position may, for example, be induced in a mother who repeatedly feels she fails to comfort her unsettled baby. "

This paper will describe the four main therapeutic approaches used within the Tresillian Family Care Centres' PND group therapy program (La Touche & Fowler 2000). These approaches are Cognitive Behavioural Therapy (CBT), Narrative and Grief Therapy, Psychoanalytic Therapy, and Family Therapy. The women who participate in this PND therapy group program typically live in Sydney, have a baby under twelve months and have identified (by self and others) depression in their experience of mothering. Groups are structured to contain no more than ten women and are run for eight weeks with an evening session for partners and a reunion session six weeks later. Evaluations invariably show improvement in a member's mood, in confidence in her relationship with her baby and in security with her partner. New skills in looking after herself and in relating to other women have been acquired. Demand for these groups now enables Tresillian to run them continuously.

Cognitive Behavioural Therapy (CBT) and the development of mutual support.

CBT provides therapy group facilitators with a powerful tool to assist women who are experiencing depression because it is easy to grasp and apply. Also, as women continue to meet following the end of the formal program, the group context enhances the sustainability of CBT by offering "booster" support.

Depression has been described as "learned helplessness" (Seligman, 1994). This position may, for example, be induced in a mother who repeatedly feels she fails to comfort her unsettled baby. A conviction of incompetency often then extends into all areas of the woman's life. For example, when addressing practical difficulties, women are often heard expressing helplessness: "I can't even finish breakfast by 10, I've got no hope of getting to a mother's group." This difficulty can be addressed by using at least two methods.

The first method is for facilitators to point out that feelings of defeat will result from aiming for perfection that is often unattainable. Winnicott's idea of mothering as needing to be "good enough" can relieve anxiety. The role of a

perfectionist personality style in anxiety is raised: many women who are experiencing depression become very self-critical when unable to attain their ideal of a mother. As Seligman reminds us every success is made from a sub-set of failures (Seligman,1994). The warning to facilitators in addressing perfectionism is to be aware that the need to idealise motherhood may come from deep seated reactions to having experienced poor or non-existent mothering, which mothers with post-natal depression recall in disproportionate numbers (Barnett,1998).

The second method is enlisting group support to help individual members to break down large problems into achievable components. The key instruction shared is to avoid being distracted by thoughts such as: "it's too difficult" and "I'm useless". Group members are cued to challenge each others' faulty, unduly negative, "all or nothing" thoughts. They are then encouraged to record their own thoughts, actions and feelings by keeping a diary. This assists in illuminating that which elevates mood and that which depresses mood. Any achievement, no matter how small, can interrupt the depressive spiral of not feeling like doing much, of then not doing much, then telling ourselves how useless we are and feeling worse.

> *"If women can see mothering as fashion they may allow themselves their own style; if they had confidence they could shop among such constructs as "breast is best" and "controlled crying is bad," "routine is fundamental", "feeding on demand is best"."*

Mutual support thus begins to operate to effect change and is enhanced by the recognition women report when sharing feelings for the first time: "I feel I can be real here, say what it really feels like without feeling I'm an incompetent mother." Women are reassured by seeing how "normal" other mothers with depression seem and by the facilitators coverage of ideas like "nurture shock" and the "normal abnormality" of early parenting (Maushart,1997). Nevertheless the structure of early sessions is kept "tight" as the risk of seeing yourself in someone else is the attendant fear of contagion: a common reason for drop-outs early on is "I'm worried I'll get dragged down again, I'm better now."

Mutual support is the process that gives groups the therapeutic edge over individual therapy in terms of reinforcing the facilitators' interventions. Also, therapy is about "getting to know someone" (Orbach 1999) and in this sense it is group members who offer each other therapeutic support. It is also about showing:

1) **understanding and not condemnation**

2) **warmth and friendliness and**

3) **helping people see things in a different way and thus suggesting change (Gilbert,1997).**

Women are often able to offer compassionate support, even when depressed, and this support is emphasised by the facilitators when it is identified as occurring within the group, primarily to encourage the women to extend the same compassion to themselves. Time and again women in the group are seen struggling with the idea of caring for themselves.

Narrative and grief therapy.

Narratives are stories that women and others construct of their experiences to create meaning. For many women experiencing PND, these stories become the record of their disappointment with the losses of the ideal mother they had hoped to become.

Narrative and grief therapies are used to assist the women to identify important life events that have had a significant impact and to identify strategies from their past that have been successful in assisting the women overcome adversity or celebrate successes. An exercise called "Life Journey" provides one mechanism to identify and explore these important life events. This exercise enables the facilitators to use memory to construct narratives and to look at the meaning of the narratives in one's life, and why these narratives may have been reactivated by the present stress. The final crucial component of this exercise is to ask: "are there reasons to find alternative stories?" For example, a woman who had always felt unloved by her adoptive father could see, for the first time, that he had loved her but with the difference she now felt between her love for her stepson and new baby daughter. The group assisted in the rewriting of this story by discussing and accommodating the idea that there is more than one story of parental love. Mitchell reminds us that "stereotyped" and "closed" narratives require of the therapist "imagination, a facility with reorganising and re-framing and a capacity to envision different endings, different futures" (1993 p76). We believe group members offer each other this imagination and ability to identify different solutions.

The group thus becomes a source of beliefs that enable, rather than restrict, a constructive engagement in mothering. This search for meaning is enhanced through application in the group of Neimeyer's (2000) theory of grief as he uses heuristics (i.e. meaning is seen as both personal and social, implicit and existential, reflective as well as articulated in actions). His practice theory has been adapted for our program in that we make conscious use of three ideas.
The first idea is that human beings are meaning makers. The women in our groups want to look into personal and

social causes for their distress. The common lament "I'm only a mother now" is seen as a constricted account of one's self that colours one's world, one's future. Myths of motherhood are dissected to look at who values certain constructions and why. If women can see mothering as fashion they may allow themselves their own style; if they had confidence they could shop among such constructs as "breast is best" and "controlled crying is bad," "routine is fundamental", "feeding on demand is best".

The second idea is that grieving entails reconstructing a world of meaning that has been challenged by loss. Women paradoxically suffer many losses with the addition of the baby: loss of lifestyle, of control over emotional equilibrium, of identity. Neimeyer (2000) suggests grief therapists act as mirrors to give clients back ideas of self. We see other women offering this mirroring in the group: e.g. "I've been there", "that's me", "I've felt dead inside too, but you look so together". One popular intervention adapted for our groups is Neimeyer's "loss characterisation". Done as homework and later shared within the group, women write a character sketch of themselves in light of the changes in their lives. This must be written from the standpoint of someone who knows the individual intimately and would be sympathetic (i.e. the member is writing in the third person).

Neimeyer's final idea is the reminder that we must carry our past to ensure our "selves" do not "shrink". Mothers often recognise the shocking sense of discontinuity in their perception of their "selves" that is grief. When this idea is presented to women they are asked to select the past that they most long for and to find space to re-create some of their "old selves" again.

Psychodynamic Theory.

Psychodynamic theory is used in our groups to provide knowledge upon which facilitators and members can draw to generate meaning and alternative stories. Idiomatic psychodynamic concepts such as "defenses" and "making the unconscious conscious", "depression as anger turned inwards" are raised by facilitators to get women to think of the relevance of these concepts in their everyday lives. For example defenses are often deployed to protect against the feelings that are palpable in these groups and the facilitators can alert the women to their frequent use of protective measures such as "black" humour. The group's attention is thus drawn to the feelings behind the defense. Using psychodynamic understandings in such a way enables the facilitators to work in the "here and now," i.e. with the interactions and feelings generated within the group. Yalom (1995) reminds us that this "ahistoric" focus is a prerequisite for feedback, catharsis, meaningful self-disclosure, and acquisition of social skills.

Psychodynamic theory then, is used to help the group make sense of the messages in the strong feelings the facilitators may identify, for example anger. Women can recognise how discomforting anger is and how they have learned to hide it within because of fear of the damage it might do to relationships. Psychodynamics enhances group understanding of how this repressed anger then reappears in the self – blame and self - depreciation so common in depression. As Storr (1990) argues, all humans resent what causes suffering, but in an experience of depression the individual is unable to mobilise an effective aggressive response.

"A central theme in all sessions is the idea that change has a significant impact on mood, most particularly on feelings of helplessness and hopelessness."

The facilitators may also use psychodynamic understandings to offer women a sense of control and "normalcy" over other painful feelings. For example insecurity and shame about a "hunger to be loved" can be identified in the needs analysis session. It seems that there may exist a particular personality vulnerable to depression: "one in which there is excessive dependence on personal relationships and the need for reassurance and support from others together with a sensitivity to stress" (Wolpert,1999 p55) The social isolation common to new mothers compounds this vulnerability. O'Connor argues that fear of dependency (with the attendant risk of abandonment) is at the base of the use of the "manic defense" so often seen in use by the women. However while this defense offers "feelings of control, triumph and contempt" (2000,p) the price paid is exhaustion.

Family Therapy.

Family therapy offers the group the way to solve the problems that psychodynamic theory describes, for example, by showing how anger can be mobilised, through communication, into realising one's individual needs in one's closest relationships.

A central theme in all sessions is the idea that change has a significant impact on mood, most particularly on feelings of helplessness and hopelessness. Family therapy enables us to manage the continuous and inevitable nature of change by concentrating on that which we can most influence, i.e. our current relationships. Change has its own stresses; while it brings difference it also brings loss. Loss generates considerable anxiety: "no one ever told me that grief felt so like fear" (Lewis 1961 p6). The facilitators see women plagued by anxiety: "I'm

utterly obsessed with my baby's sleep patterns, and then when he's asleep obsessed by what to do when he wakes up."

Anxiety is managed in two ways. First, facilitators teach progressive muscle relaxation with fifteen minutes allotted at the end of each session. Second, attention is drawn to the connection between relaxation and "mindfulness" (Zabat – Zinn,1995 p.263) which describes how to welcome and listen to the jumble of thoughts and feelings about parenting without feeling pressured to analyze and act. This ability is discovered by observing thoughts and feelings from "one step back" and can be used in the woman's response to her infant as a way "to bear and to hold," the jumble of messages that her infant is conveying (Rose 2000, p54).

"Mindfulness" is deployed to improve relations with partners also. By using a guided image of life five years hence (Howe,1989, p40) the women are able to listen to their keenest hopes and later able to communicate these.

The strength of family therapy in Tresillian's program is that it can teach specific skills to both women and their partners at a time when their relationship is suffering the stress of adjustment and men may be "mirroring" their partner's depression. The "Men's Group" is limited to one evening session, but by the time it is held late in the program, the women have disputed typical faulty beliefs about their partners' experience of parenting. i.e. "His life hasn't changed at all" and have come to recognise how these constructions influence the resentment they often feel. They are consequently as eager as their partners to work on solutions.

Beyond this, the skills to get what one is seeking from one's partner are practised first by women and then presented to men. These strategies include women learning to comment on their partner's behaviour, not person, from a "one down" perspective, describing effects in terms of: "I feel sad and angry when you get home later than promised" but always leading into possible solutions. The women are encouraged to take responsibility for communicating how their unique needs may be met. The feedback we get repeatedly from fathers is that "nothing they do is good enough" "we're damned if we do, damned if we don't." Men are encouraged to dispute this thinking as it has, unnecessarily, made them feel "useless" and "just the sperm bank." One of the solutions often arrived at by the women is that their partners be given the opportunity to disclose intense feelings without these feelings being received as an attack.

Finally, the facilitators are very clear to the group about the "position" these couples are in; there is typically enormous commitment combined with distress and confusion.

As discussed in this paper, these existing theories are used as the basis of the design for the PND group program. The theories are often intermingled within the activities as they frequently complement and enhance the effectiveness of each other. Evaluations of Tresillian's PND therapy groups have consistently identified positive outcomes for women and their families. Nevertheless, the Tresillian group facilitators continue to develop and improve these groups through seeking and using feedback from the women. This feedback in combination with facilitators' judgements results in each session being adjusted to meet the needs of the women by slowing up or quickening the pace of the group, introducing new information and changing some group activities. The facilitators anticipate continuing the process of refining the group design by sharing our program with the wider professional community. ■

About the author :

Margaret Booker completed a Masters in Social work at UNSW in 1989. She currently works at Tresillian, Wollstonecraft with families suffering Post Natal Distress. This work involves both group and individual therapy.

Bibliography :

Bruer,J. "Tot Thought" in New York Review of Books, Mar 9, 2000.

Howe,M.A.Imaging, Spiral, 1986.

Gilbert,P. Overcoming Depression, London, Robinson Publishing, 1997.

Kabat – Zinn, J. "Mindfulness Meditation: Health Benefits of an Ancient Buddhist Practice", in Goleman, D & Gurin,J (eds) Mindbody Medecine, U.S., Choice Books, 1995.

Lewis, C.S. A Grief Observed, U.K. Faber & Faber, 1961.

Maushart,S The Mask of Motherhood, Aust., Vintage,1997.

Mitchell,S.A. Hope and Dread in Psychoanalysis, N.Y.,Basic Books,1993.

Neimeyer,R.A. Lessons of Loss: A Guide to Coping, U.S.A., PsychoEducational Resources, 2000.

O'Conner,P Facing the Fifties, Aust, Allen and Unwin, 2000.

Orbach,S. Life Matters interview, ABC Radio National, Oct 3, 1999.

Rose, L Learning to Love, Vic, Acer Press,2000.

Seligman,M.What You Can Change and What You Can't, U.S.A. Simon and Schuster,1994.

Storr,A The Art of Psychotherapy, U.K. Heinemann,1990.

Wolpert,L Malignant Sadness,U.K. Faber and Faber 1999.

Yalom,I.D. The Theory and Practice of Group Psychotherapy,N.Y. Basic Books,1995.

• BOOK REVIEW

The Mother Dance, How Children Change Your Life

A book by: Harriet Lerner

Reviewed By Sarah Jones,
Couple and Family Therapist,
Melbourne

In the " The Mother Dance, How Children Change Your Life", Harriet Lerner tries to give us a "users guide" to that impossible job, parenting. Therapist and author, Lerner is well known for her previous works, particularly her book " Dance of Anger". This book is wide ranging in its scope of issues, new mothers, dilemmas of work/family, marriage, adolescence, guilt, sexuality, pornography, step parents and a whole lot more. The book starts with a candid picture of changes in her life following the birth of her first son and the resultant exigencies on her and her husband. Examples from her own family life are continually woven through the book.

Children do change our lives and Lerner has a go at using many of life's vicissitudes to illustrate how one might deal with some of those changes. She offers a mixture of views from psychoanalytic and family systems ideas to explain what might be happening and what might help. The voice of the book is breezy, colloquial and optimistic. The chapter "Enough Guilt for Now, Thank You" concludes with a list of guilt reduction homilies; a mixture of common sense, humour and good advice. I like the positive re-framing of guilt. Guilt has its uses, she says, and one of them is that guilt may force us to reconsider our behaviour. In doing so we might just get closer to what it is our children our needing from us.

The book is peppered with the parenting stories of her therapy clients, her own family and her friends. When a client is troubled by her 12 year daughter wanting to sleep naked the discussion goes on to reveal Lerner's views on emerging sexuality in adolescence. Then she lists the questions she posed to the client on sexuality in their marriage and family of origin. She also reminds us of that most salient lesson

"... we parents need to keep in mind that the intensity of our disapproval may only heighten a son's or daughter's interest in the forbidden or, more important, may shut down the lines of communication all together." (page 168)

This book's colloquial style is both a liability and an asset. It loses something in its large range of topics covered in little depth. A more focused selection of issues may have been necessary to really answer the book's ambitious claims to discuss how children change your life. I would have thought that that ambiguous title, "mother" would have deserved more analysis. The book neither focuses on women becoming mothers nor on women themselves changing in role, status, or economic power. The enormity of the notion "mother" with its multifarious connotations of superwoman, bedroom, boardroom and kitchen is not debated.

The broad canvas has its advantages. This is a book one could recommend for clients who were struggling with parenting – i.e. most of us! The post-feminist questions defining the difference between parenting and mothering are not here considered. This is more a book on parenting adolescent children in middle class families than a book which grapples with the loveable and hateable dimensions of motherhood. ■

Harper Collins, 1998, 256 pages, $24.00.

• BOOK REVIEW

LEARNING TO LOVE

A book by: Lorraine Rose

Reviewed By: Lyn Hicks Jenkinson

Published by ACER Press 2000: Melbourne
ISBN 0 86431 365 9.

Our two boys Clark and Connor are 8 and 6 years old respectively. Talk about the agony and the ecstasy! These two little souls have visited the greatest of joys and the greatest of angst on my partner Philip and I. But would we give them back? A fierce - NEVER. Learning to love them has meant living with, to quote Lorraine Rose, *all the joy, happiness, sadness, loss and richness that accompanies this human capacity*.

Since our first born burst his way into our world 8 years ago we have been on the steepest learning curve imaginable. I like to tell the story about walking into the hospital one day as a reasonably fit, together, pregnant, 30-something who was pretty confident about her place in the world. The next day was like waking up after open-heart surgery and being expected to take on the role as Managing Director of a brand new company about which I knew nothing! And all this without a manual of any description - until now that is. If we'd had *Learning to Love* back then, perhaps our journey towards fully fledged parenthood would have been less rocky.

One of the most confronting issues Philip and I had to deal with was that this wasn't just a 'baby', this was a living, breathing, conscious human being - a person. A less experienced version of ourselves. Having grown up with the 'advertised' version of 'a baby' and without having actually known one, we were very quickly overwhelmed with thought that this was a 'real' person who had thoughts, emotions, needs and all the other things that 'real' people have. We were responsible for teaching him about life. This whole idea underpins Lorraine's book but certainly at the time Philip and I were naively expecting the one dimensional 'J&J' baby that somehow looked after its own emotional development.

Presumably to help us through this shock, we were confronted with another shock. That being the powerful way we were recalled to our own experiences of baby and childhood, the way that having a baby, as Lorraine Rose explains in her book, literally re-connected us to that time in our own lives. This was not something that we had even remotely prepared for because we had absolutely no idea that it could happen. We were completely taken by surprise. All these surprises on top of the ongoing adjustment of moving from two basically separate individuals to a 'family' of three and the re-negotiation of our roles. Phew!

"One of the most confronting issues Philip and I had to deal with was that this wasn't just a 'baby', this was a living, breathing, conscious human being - a person. A less experienced version of ourselves.."

The whole recollection process seemingly worked okay for Philip, who had obviously had a fairly reasonable time of it back then, but the intensely painful emotions I re-experienced contributed, quite dramatically, to my feelings of confusion and depression, eventually leading to full blown clinical PND. I pretty quickly decided that I wanted to raise our child using a different 'template' or 'manual' from the one that was used to raise me. Philip was also keen to rethink his own modeling and start afresh with our own son.

We were quite desperate for a 'textbook' or a 'manual' to get us back on track and to help us to understand stuff like bonding and emotional development as well a 'template' from which to start building our own

personal relationships as individuals within the family. The old homilies were trotted out … 'there's no textbook for raising a baby' … 'rely on your own feelings' … 'just learn the practical stuff and the emotional stuff will come naturally'.

Eventually someone took pity on us and recommended an expensive, heavily detailed, book by an American bloke who, from memory, was a psychiatrist. Despite being written in the US and focusing very heavily on the cognitive development of the baby alone, my friends and I swooped on it. I kept lending it to people who lent it to other people until I had to buy a second copy that of course has now also continued on the lending circuit. Oh how I wish Lorraine Rose's book 'Learning to Love' was around then.

This wonderful little book took me a couple of days to read (8 years later) squeezed in between school stuff, paid work, studying, running the house and loving my two children and my partner. Lorraine's book is one of a kind, a real 'shock absorber' that can be read ante, post or very post (in my case) natally to great positive effect. It not only brings 'the baby' to life as a whole person (albeit inexperienced whole person) but it explores the evolving emotional relationship between the mother, the father and the baby during the first 12 months of the baby's life and the importance of early attachment.

> *The early time in our lives is important because it is then that our core relationships are developed, and they influence the types of relationship we will have in the future. We in turn pass on these ways of relating to our children. (Page 1)*

There are no pretences in this book. It addresses the negatives as well as the positives, talks about 'good enough' mothering and the role of the father as well as acknowledging that raising a baby is hard, hard yakka. It doesn't try to tell you how to do it but it gives you the emotional framework and the confidence to develop your own personal 'template'. It really is that 'textbook' Philip and I were searching for 8 years ago.

On a practical level, as well as being quick to read, it's written in a warm, empathic style and has real life examples and conclusions to help your consequent reflections on its material. It doesn't have an index and it's not the sort of book that you reference for specific problems as you would a traditional 'baby book'. Rather, *Learning to Love*, encourages us to read a chapter and have a think for a while. To reflect on your own family life and the emotional roles of each member. In Lorraine's words:

> *This book just touches the surface of our understanding of how we learn to love. Much more could be said, and there is much more to be said. I can only offer an introduction to thinking about what is taking place in the emotional development of the family, and the individual members of that family. What I have to say is necessarily incomplete, but hopefully will stimulate the though and feelings which lie at the heart of the journey into parenthood.*

It has taken me a long time, and a lot of different source materials, to cobble together an understanding of the thoughts that Lorraine Rose presents in her one book. And I'm motivated, determined and resourceful! From my experience, these first 12 months are critical to raising emotionally secure, 'alive' children. As Lorraine says in her closing paragraph:

> *Perhaps we should view our involvement with the baby as engagement in their creation, both physical and psychological. The baby has to partnered by parents and this means being met, welcomed, helped and attended to if they are to truly come alive. Having been welcomed into the family the baby becomes part of the family. Without us, and left to their own devices or to impersonal care, this process cannot take place.*

The Jenkinson Family recommends it. ■

NSW NETWORK NEWS

NSW COMMITTEE MEMBERS

President: Mary Morgan
Vice President: Kerry Lockhart
Treasurer: Marianne Nicholson
Membership Co-ordinator: Patricia Glossop
Secretary: Victor Evatt
Committee: Elke Andress, Leanne Clarke, Ruth Craven, Judith Edwards, Sharon Laing, Isla Lonie, David Lonie, Beth Macgregor, Beulah Warren
From: Mary Morgan

NSW got off to a very busy line up of events this New Year.

Bruce Lord and Robyn Dolby presented our very first successful afternoon seminar. Bruce, head of the Department of Social Work at the Children's Hospital at Westmead in Sydney, presented his work on the role of emotion in adjustment to childhood chronic conditions. Robyn, psychologist, known to many of us for her excellent workshop day on attachment at our national Adelaide conference presented on the disorganised attachment pattern.

A few weeks later Lorraine Rose, psychologist and psychotherapist and author of recently published "Learning to Love" presented on the emotional development taking place in the baby during the first year. Both these sessions were very well attended at St John of God education centre in Sydney.

Charles Zeanah's visit to our city was a surprise feast for all. He presented a two-day workshop at Royal North Shore Hospital on Attachment Development and Trauma – Towards Early Intervention for Children. Old and new colleagues rubbed shoulders. It was a truly inspiring couple of days and well organised by Dr Nick Kowalenko and his very capable team.

Charles agreed to present an AAIMHI clinical evening. He informed of his work with Romanian children. American universities have provided finance for the training of local Romanians researchers and have funded the setting up of a research laboratory to look at whether children do better cognitively if they have been reared in foster homes or an institution. We are very grateful to Charles for the opportunity to hear about his internationally important work.

Other events are coming up. This week Diane Hudson from the Cabinet Office will present a clinical meeting on the Families First Initiative in NSW. Louise Newman, Director of the NSW Institute of Psychiatry, will present in July on Brain Development and Trauma in Infancy.

The committee is starting to think about our National Conference in Sydney next year. We hope to join with (NIFTEY) National Investment for the Early Years to offer a programme of broad awareness and appeal, especially highlighting the large volume of Australian work in the field of infancy.

The NSW Institute of Psychiatry is pleased to announce that word has been received that the Infant Mental Health Course has been accredited as a Graduate Diploma of Infant Mental Health (Grad Dip IMH) under section 3 of the NSW Higher Education Act 1988.

This is a great achievement and good news for all those who have completed, or who are enrolled in the course, as it will be recognised by other institutions at which they may wish to study. Thanks must go to all who contributed to this achievement.

We are all very much looking forward to the conference in Western Australia in August – September.

AAIMH NETWORK NEWS

VICTORIAN NEWS

President: Michelle Meehan
Treasurer: Kerry Judd
Secretary: Jeanette Milgrom
Scientific Program: Liam O'Connor
From: Paul Robertson

Professional life has been quiet with the beginning of the year. This is my first Network News for Victoria as Sarah Jones is currently in the UK. I am sure she is networking with those interested in Infant Mental Health in the UK and will have much to share when she returns later in the year.

The AAIMH-Victoria Committee has been busy locating a venue and planning the World Association of Infant Mental Health Conference in Melbourne for 2004.

The scientific program for 2001 has got off to a good start. Myself and Helga Coulter presented our paper "Therapeutic Play Group for Mothers and Toddler" which appeared in the Newsletter last year. Judy Coran, MCHN, presented her work on a model for home intervention for at risk families at the last meeting.

This year promises much!

SOUTH AUSTRALIA NETWORK NEWS

SOUTH AUSTRALIAN COMMITTEE MEMBERS

President: Pam Linke
Treasurer: Elizabeth Puddy
Secretary: Anita MacPherson
Committee Members: Donnie Martin, Jenny Platten, Karen Fitzgerald, Terry Donald, Kim Tomlian, Ros Powrie
From: Pam Linke

This year we are trying some different ideas for meetings, including journal presentations. At our last meeting we had a "hands on" presentation of how we might use the Feldenkrais techniques with infants. The Feldenkrais Method is a form of Somatic Education that uses gentle movement and directed attention to improve movement and enhance functioning.

We are working at promoting the Perth Conference and the fliers will be going to all participants in a national education conference here in May. Work on the position statement on controlled crying is going on between branches and should be available in the near future.

QUEENSLAND NETWORK NEWS

President: Janet Rhind
Vice President: Elizabeth Webster
Secretary; Susan Wilson
Treasurer: Michael Daubney
Committee Members: Debra Sorenson, Kathy Eichmann, Helen Baker, David Pinchin
From: Michael Daubney

At the yearly planning meeting, the committee decided to maintain the same format as in past years for 2001. The first educational evening was presented by our President, Janet Rhind. The evening was called "Infant Observation, a particular way of seeing- it's application to Infant Mental Health". There was a brief introduction to the concept of Infant Observation as developed by Mrs Esther Bick and the Tavistock. Reference was made to Winnicott's work observing infants in a clinical setting, before the film on Infant Observation made for the BBC series called the "Talking Cure" was shown. This was followed by an interesting discussion witin the group.

5th National Parenting Conference

"It is in the shelter of each other that the people live" - Irish proverb

International Keynote Speaker:

Norman Glass, Director-designate, National Centre for Social Research, UK. In 1997/8 he chaired the Review of Services for Young Children which led to the Sure Start Program under the Blair Government. In 1999/2000, he led the review for Sure Start and Services for Under-5s and the review of Services for Young People at Risk. He is currently chairman of the EU's Economic Policy Committee

The conference will address the many ways society shelters, nurtures and builds the resilience of families, children and adolescents.

The invited speakers will present a range of papers and projects that focus on this theme.

Registration & Information

Contact Constance Jenkin
Email: parents@jss.org.au
Tel: (03) 9415 7186;
Fax: (03) 9416 5357

Thursday 22 & Friday 23 November 2001

The University of Melbourne, Copland Theatre Parkville, Melbourne Victoria

SYDNEY INSTITUTE FOR PSYCHO-ANALYSIS

ABN 63 000 096 837
http://www.sydney. psychoanalysis.asn.au

2001 PROGRAMME OF PUBLIC LECTURES

In this series of lectures we want to examine different aspects of early development - with a particular focus on how understanding infantile states may or may not inform and facilitate our clinical work.

The meetings will take place on Tuesday evenings at 8:00 p.m. in the Johnson Room at the Crows Nest Centre, 2 Ernest Place, Crows Nest

Fees are: **$330.00** in advance for Terms 1.2 & 3 (incl. GST) or **$132.00** per term (incl. GST)
The programme is "Category A" MOPS Accredited.

If you wish to apply for a place in this year's / this term's lectures, complete the form below and mail it together with your cheque to :
The Treasurer, Sydney Institute for Psycho-Analysis
5 Penshurst Street, Willoughby, NSW 2068

We are hoping that this multi-focused view will raise some questions that are pertinent to our clinical thinking, and to the broader issues about the needs of children and parents in our society.
Speakers include psychoanalysts, child psychotherapists and researchers. **Please, see Page 16**

I am interested in attending the programme of Public Lectures for Terms 2 & 3 / Term 1, 2001 (please circle) and enclose a cheque payable to the Sydney Institute for Psycho-Analysis for $330.00 (incl. GST) / $132.00 (incl. GST). A tax invoice/receipt will be issued.

Name: Mr/Mrs/Miss/Ms/Dr ....

Address:...Postcode...................

Phone: (W) .... (H)....................................

Professional Qualifications: ....

Place of Work: (proof of full time student status will be required) ....

....

E-mail address: (please print very clearly) ....

SYDNEY INSTITUTE FOR PSYCHO-ANALYSIS

2001 PROGRAMME

TERM 2 THE TALKING CURE

The term consists of the presentation of a series of six films made by the BBC in conjunction with The Tavistock Clinic. They provide an introduction to the work of the Tavistock Clinic and a demonstration of the unfolding relationship between patient and therapist in different clinical situations.

Maurice Whelan will act as discussant of the tapes, at times with other analysts.

The term dates are Tuesday nights **May 8th - June 12th** inclusive. Title for each meeting to be announced.

TERM 3 ON INTUITION

A term consisting in large part of papers given at the Australian Psychoanalytical Society Conference at Uluru in August 2000. The term focuses on the intuition of the Analyst in the psychoanalytical process as well as on intuition in the service of psychoanalytic thinking within the Australian milieu.

August 7th "The Lost Child at the centre of the Intuitive and Reparative Experience". This paper was stimulated by Peter Pierce's "The Country of Lost Children - an Australian Anxiety" and attempts some exchange between literary construction on the image of the 'lost child', analytic dilemmas around destructiveness and reparation and societal processes of damage and reconciliation.
Lecturer: Dr. John Boots

August 14th "Finding Negative Capability". This paper looks at the origins of the term "negative capability", its meaning, and its relevance to psychoanalysis. It includes a review of what might influence finding negative capability in the psychoanalytic session.
Lecturer: Dr. Bill Betts

August 21st *Title to be advised*
Lecturer: Dr. Shahid Najeeb

August 28th "A Frozen Identity : the Analysis of a 6 year old with an Autistic Presentation".
Lecturer: Mrs. Frances Thomson-Salo

September 4th "The Discovery of Time and Place". Psychoanalysis is a means of recognising the other and to answer the question: is this a place that is part of ourselves or a place that is other from us.
Lecturer: Dr. Jim Telfer

September 11th "William Hazlitt and Intuition : On Living to One's Self".
Lecturer: Mr. Maurice Whelan

TERM 4

There will be no programme of lectures offered in Term 4, 2001.

A Saturday Conference with the theme Psychoanalysis & Culture is planned for this part of the year. Details to be announced.

The Conference is in celebration of the 50th Anniversary of the founding of the Sydney Institute for Psycho-Analysis.

All interested in attending are warmly invited to join in a dialogue and exchange of ideas in celebration of this landmark for the Sydney Institute.

The meetings will take place on Tuesday evenings at 8:00 p.m. in the Johnson Room at the Crows Nest Centre, 2 Ernest Place, Crows Nest NSW

Fees are: **$330.00** in advance for Terms 2 & 3 (incl. GST) or **$132.00** per term (incl. GST)
The programme is "Category A" MOPS Accredited.

If you wish to apply for a place in this year's / this term's lectures, complete the form on the reverse and mail it together with your cheque to :
The Treasurer, Sydney Institute for Psycho-Analysis
5 Penshurst Street, Willoughby, NSW 2068