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NEWSLETTER

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FROM THE EDITORS:

find myself at my computer finalizing this edition of the Newsletter having just celebrated Christmas and about to leave on holidays to the beach. Sarah Jones and family have already departed for the UK for most of 2001. This is our final edition as editors. Victor Evatt will be editing the coming March edition. We would like to congratulate him and wish him the best in his role as editor.

Both Sarah and I would like to thank AAIMH and the membership for support during out time as editors. It has been an extraordinary experience from which we have learnt a great deal. Both of us will continue to be active in AAIMH.

This edition contains some good reading to get your mind back into infant mental health for the coming year.

Wishing everyone the best for 2001.

Paul Robertson & Sarah Jones

Victor Evatt can be contacted on: vevatt@mail.tech2u.com.au

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.

MARCH 2001 (South Australial)

Videos by Martha Erickson and Bruce Perry are still available from South Australia.

See Page 10 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.

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DEVELOPING RESEARCH METHODS AND RATIONALE FOR A LABORATORY- BASED STUDY OF INFANTS IN GROUPS



By Jane M. Selby Clinical Psychologist Charles Sturt University

"Look what she's doing. She's hanging on to her toe as her mother leaves. It's very hard for her – she wants her mother. See how brave she is."

Alice is 8 months old. She's been placed in a stroller. Two other similar-aged babies are with her, also placed in strollers by their mothers. The three strollers form a closely set triangle with the babies able to see each other easily. Mothers and researchers leave the room while three cameras roll. From the room next door we watch, fascinated and somewhat bemused at what we are doing. Three babies alone in a room to chat to each other and do some of what we do all the time in groups.

This group lasts over 5 minutes before Alice's mother decides that Alice has had enough in there.

Two sets of ideas have led to the development of this laboratory-based work. Ben Bradley and I, both psychologists, claim inspiration from the clinical work of Campbell Paul and Frances Salo with infant-led therapy groups in Melbourne (1996). In that work there is evidence that video-recorded behaviours of babies show them as having minds.

Such a claim may be conceptually difficult to articulate – clearly the infant does not think like adults do. At this age some researchers think they do not yet have a mind which comes later

"Look what she's doing. She's hanging on to her toe as her mother leaves. It's very hard for her – she wants her mother. See how brave she is."

with a sense of self. After all there **is** an age before which the infant does not warrant a Mass or last rites before dying. But then what meaning can be placed on our advanced nursing practices which facilitate the togetherness of parents with their dead infant? Is this only for the parents' sake, or do we all need to be able to see infants as truly human? And why not believe that the emotional lives of infants are as rich and strong as ours, as many parents would attest to? In our laboratory-based study we are proceeding carefully to document and evaluate perceptions that the infant brings issues to a group the meaning of which can be developed and transformed during the group's encounter. This is a core characteristic of group dynamics in older children and

adults, and to demonstrate its operation amongst infants lends weight to our understanding of infants as active participants in therapeutic groups.

Our second set of ideas is derived from the traditions of researching infants with their mothers. Using ideas about intersubjectivity we direct attention to the communicative competencies which Habermas (1970) describes and which brought the term, mainly through Trevarthen's (1975) laboratory work with infants, into common currency amongst developmentalists. There are two aspects to this tradition of interest to us - one is the implicit assumption or reinforcement of the idea that the overriding, core relationship of the infant is with his or her mother, to the detriment of studying the actualities of so many infants who may be in nursery-based childcare, with siblings or in baby playgroups for much of their time. Such a focus may lead to beliefs about infants' needs which overstate the actual time needed by infants in company with their mothers only. Bradley (1989) has written about this distortion. attacking the idea of the essential needs of the infant in relation to another, he critically evaluates the idealisation of mother-infant interactions, especially as founded on highly selected snippets of videoed attuned interactions which come to be foundational in conceptualizing infant well-being. Not least of all is the temptation then to blame mothers for any apparent problem associated with the child's later behaviour. Indeed, our cultures may be alone in isolating mothers with their infants with minimal

interactions with other adults and other children during the normal working day. Bruce Perry argues that the human biological unit is a clan of about 30 to 50 people (1997). He emphasizes the biological nature of this unit through detailed work on the effects on

brain development of the infants' social interactions.

The second aspect about the tradition of thinking about infant intersubjectivity of interest to us draws on ideas about communicative competence. Habermas developed the notion of intersubjectivity within a theory which highlights how communication is (just about) always distorted since what he calls an 'ideal speech situation' is rarely if ever achieved. In order to have non-distorted communication it is, in his terms, essential that the participants are of equal power and status. Without such a proviso participants will be structuring and restructuring their intentions around perceived or actual power differentials. Part of our current work investigates,

theoretically and empirically, the implications of these ideas when considering infants with their mothers or with other infants. We may, for example, posit that the infant, when finely attuned with its mother through her scaffolding and facilitating, is experiencing itself and its mother as in some senses the same or equal, maybe even that it has power to affect the mother. Other times the experience of the persecuting mother requires screams of terror to express and manage the horrors of being powerless before an other. Infants in groups, without an adult, provide a very different set of communicative possibilities.

How do we interpret what we see and document in the group? There's Alice – plainly missing mum, her attention drawn to this and that around her, none of which provides the mirroring or support she requires. Mother is not inside her enough at that time to provide the basics and reassurances needed for pleasure and curiosity. Blanche, on her left, comes ready to play. Gazing and exploring with no apparent anxiety, she will respond to either of her colleagues, coo, smile and claim all that's going on. Yes, the toe-holding of little Alice is repeated by Blanche, transformed into a pirouette, an invitation to play and be together. Alice tries to respond early on, part of herself, toe in hand, does become available. But not for long. Blanche's responses of face and body are not enough for Alice to leave go. But meanwhile the

"Not least of all is the temptation then to blame mothers for any apparent problem associated with the child's later behaviour. Indeed, our cultures may be alone in isolating mothers with their infants with minimal interactions with other adults and other children during the normal working day."

gesture is transformed and there are new possibilities for Alice's experience of herself and her actions.

Meanwhile the third baby, Esther, is mostly very relaxed. She's in a Winnicottian moment of being 'able to become unintegrated, to flounder, to be in a state in which there is no orientation....' (Davis & Wallbridge, 1883, p. 50-51). Becoming gradually more interested in Alice, she eventually synchronises her body, especially her legs, in movement with the cries and actions of Alice's increasing distress, but without becoming distressed herself.

In contrast to the above summaries we also have charts and figures which summarise the looking, smiling, gestures and crying of each baby over these five minutes. Alice, for example, as she becomes more distressed, looks less and less at Esther but with increasing intensity at Blanche. Esther and Blanche show mutual interest in the early minutes but are more and more drawn away

from each other to look and gesture at Alice as they are drawn into her struggle to contain herself. These details both reinforce and extend my discursive narrative.

In this way we are developing two apparently contrasting styles of analysis – a discursive narrative using clinical language, and a careful coding of clearly-defined behaviours. Both need inter-observer reliability; both are important. One of our tasks is to demonstrate that they are not incompatible and can be used to explore the lives of our infants and so our own lives too. There is, after all, no such thing as an infant, not even when with a couple of other ones. We are implicated in all our descriptions of these little people.

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By Jane M. Selby
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December 2000

An Infant Observation.

By Sue Whitehead

Several months ago Sarah Jones asked me to write of my experience of infant observation. The reality of a busy working life is that it is often difficult to make time for such efforts. The reason I am now making time is that my "Infant Obs. Mother" has produced her second baby four days ago, and guess who the first person was, outside the immediate family, to be informed from the hospital bed? Yes, me!

n 1997 I was privileged to participate in the Graduate Diploma of Infant Mental Health offered by the University of Melbourne. I had been practicing as a Maternal and Child Health Nurse since 1979. I needed to know more of what happens in the mother's mind and how her experiences affected her baby. We had been encouraged to attend many seminars in relation to post natal "depression" or what I would prefer to call unhappiness.

The practicum for our course was 'to find' an 'nearly due' mother, make contact with her and seek permission/ agreement that she would be prepared to have me 'the observer' in her home at the same time each week for the academic year. I phoned a local obstetrician's midwife and sought such an introduction. Two women were suggested and I chose to follow a young girl of nineteen years, living with her boyfriend. This experience has changed my thinking, and a rich 'professional' relationship has unfolded.

I first met Serina in her home a week before her baby was due. She struck me as an open forthcoming personality who was keen to enlist as much help as she could, and she appeared to want to "share" her baby. My immediate thought was inadequacy of failing to meet Ester Bick's "observer" criteria; how was I going to sit and observe without the usual interaction and communication I would have in my professional role. I have changed their names to protect their privacy.

My observations and this dilemma and many others were taken back to my seminar group, where I presented my observations every three weeks. My seminar leader and collegues supported me and there was validation of my observations and perceptions which appeared to be accurate. Sometimes it is difficult to delineate intuition with perception; but as my leader suggested, "how do you think Simon is processing the situation at that time?" This question grounded me, the observer, to be more precise about my observations and to empathetically try and understand what the experience was for the infant. Serina was pleased that

Simon turned to my voice and gained my gaze at eight weeks, his lovely blue eyes and beaming smile welcomed me into his waking hours. I was impressed by the reciprosity mother and son shared. Another occurrence that surprised me was that various members of the parents' extended family 'just happened' to be in the home prior to my Monday evening appointment! They all "looked over" the lady that came to "watch" Simon.

On return from the semester break Simon was around four months of age, his parents were experiencing a difficult time. Barry's drinking increased and I sensed tension about this. One evening Serina confided that she was concerned because Barry's drinking was now effecting her household spending. I had admired how he had comfortably 'walked in' during the time I observed, sometimes made me coffee and opened a beer and sat with pride beside Serina or played with Simon. On this particular evening I sensed real tension prior to Barry's entry. When he did come in he greeted both his partner and son, acknowledged my presence and went straight to the fridge and opened a "mixer drink". As he ripped the aluminium top off the can Simon appeared to wrinkle into his skin as if to escape from the physical world. He had obviously been in the midst of real tension as a result the arguments associated with Barry's drinking. I was really disturbed by my observations, but it proved a very useful learning experience for my seminar group and me. Following the above episode we discussed Winnicott's concept of containment and it seemed very possible that the parents had not felt contained during my absence.

Fortunately the tension between the parents receded and they were able to address Barry's drinking problem. We wondered if once again the holding and containment that came from my regular visiting times had helped them be able to think about what needed to be done. At the end of the semester the seminar leader saw Simon as a self assured bright little boy, who it was thought would reach his potential, but would, on occasions be a naughty boy at school! At the conclusion of my observation Serina asked if she could attend my Maternal and Child Health centre. Both of us have moved locations but she has always managed to find me!

I am very pleased to report that Simon aged three and a half years, came into my office with his mother and infant brother, acknowledged me, obtained (?held or grabbed) my gaze and played happily at a small table with a bead frame and was content to amuse himself whilel examined his brother and discussed issues with his mother. Apparently after Caleb's birth he said to his mother that "he was very proud" of her. I have heard her say to Simon how very proud she was of him.

BOOK REVIEW

Children of Parents with Mental Illness

Reviewed by Eilis McKensey, Perinatal Psychiatrist

Children of Parents with Mental Illness Edited by Vicki Cowling 1999

Published Australian Council for Educational Research, Camberwell Melbourne 1999 ISBN 0 86431282 2

his book attempts to address a wide range of issues related to *children of parents with a mental illness*. It is divided into five parts. The first part discusses psychiatric symptoms in the parent and how children may be affected by these symptoms. The second part looks at research findings in this area. Current legislation, both in mental health and in child protection are discussed in the third part, and the difficulty in often blending these two legislations in the best interest of the patient. The fourth part describes a wide variety of programs currently in place and the fifth part address the important issues of the need for collaboration between services

The book is written by children, parents and health providers. Children poignantly describe their difficulties in living with parents who are mentally unwell. The describe their attempts to balance living with their parent's illness and attempting to present and maintain a normal existence in all other aspects of their life. Their descriptions give us some insight into how all agencies including nonhealth agencies such as schools can both help and hinder.

"When Mum got sick and we were alone with her, We didn't know where to get help. I was nine years old, We didn't understand what was happening, and did not know who to call except dad, but we didn't know where he was or how to ring him. We were scared of mum and what she might do...

You are unsure of who to trust, You don't know who is telling the truth, You love your mum and want to believe her, even though what she is saying sounds a bit weird, but if you don't believe your mother you feel guilty and you feel like you are deceiving her."

Equally poignant are parent's stories. Their fears and hopes for their children are the same, as many of us would have for our children. In addition they describe an awareness of the impact and of the difficulties that their

illness poses to their children. When I began working in this area I was amazed at the level of awareness many parents with severe mental illness had about the negative impact their symptoms could have on their children. These parents stories give us, as health professionals some clear messages of how we can assist them more beneficially in this difficult task.. Persistant ongoing fears relating to losing their children to "welfare services" and as a result reluctance to discuss mental health concerns because of their fears is a clear problem area that has negative management on discussing this aspect of their illness.

A number of very innovative services are described. These are all Victorian based, but are transportable to other settings. The programs described, range from supportive programs for the children and/or the parents; foster care; support within the education system; and education for adult services in identifying some practical ways of both recognizing the needs and managing talking to the children under their patient's care.

Finally the book discusses the need for collaboration between services, research finding in this area are presented giving us some understanding of the difficulties we all encounter in this area in. Suggestions for tackling these difficulties based on a community development project in Victoria are presented.

I enjoyed the book, found it very readable, it covered topics from a different perspective, that I found useful. I have recommended it to my local adult mental health services. I feel it has broadened my perspective in looking more closely at the interaction between parents symptomatology and how the children respond to their parents symptoms.



Perinatal Loss and Postnatal Depression: Absence, The Capacity for Loss, and the Consequences for the Mother and Baby

By Sarah Jones

aturday the 2nd October 2000 in Melbourne was an auspicious occasion. That morning the MCG preparations were taking place for a big game. The sportsmen in the Essendon and Melbourne teams were primed to perfection in order for one to claim as theirs the "Grand Final" trophy. On a more modest level about one hundred psychotherapists and related professionals arrived at the Royal Children's Hospital.

That smaller occasion was a seminar co-auspiced by Melbourne Institute of Psychoanalysis, The International Psychoanalytic Association's Committee on Women and Psychoanalysis and the Australian Association for Infant Mental Health. Expertly chaired by Mrs. Frances Thomson-Salo, Psychoanalyst the seminar was titled: 'Perinatal Loss and Postnatal Depression: Absence, The Capacity for Loss, and the Consequences for Mother and Baby.'

The first speaker, Professor Joan Raphael-Leff was known to many of us following her talk in Melbourne thee years ago focusing on her work with women during

Geode:

a. nodular stone, containing a cavity usually lined with crystals or mineral matter.

b. the cavity itself; also any similar formation. (Oxford English Dictionary)

and after a pregnancy. She is an Psychoanalyst, Professor of Psychoanalysis in the Centre for Psychoanalytic Studies at the University of Essex. She has specialised in reproductive issues with some 50 publications in this field, including books such a Psychological Processes of Childbearing and also Pregnancy- The Inside Story Dr. Vivienne Elton was the discussant to her talk.

Dr. Ruth Safier the second guest speaker, is a Psychoanalyst and Child Psychiatrist in private practice in Sydney, with a special interest in infant observation, and early intervention work with parents and infants. She is also clinical consultant to the Early Intervention

Program of the NSW Benevolent Society. Dr. Campbell Paul was the discussant.

Professor Raphael-Leff: "The Presence of Absence"

Raphael-Leff allowed us to benefit from her many years of psychotherapeutic work with women and couples whose intra-psychic world had been severely disturbed by a traumatic loss. Raphael Leff's has seen approximately 150 patients in once to five times weekly therapy for up to ten years or more. She proposed that for some people, through the need to defend against an extreme trauma, there comes a dynamic of unrepresentable loss. The loss is then encapsulated in a petrified space like that of the geological phenomenon called "geode". Pockets of psychic pain are trapped in the space, preserved by being unrepresented.

The presence of absence she referred to was the notion of a loss being "unrepresentable". Such that a loss of a baby could not be symbolised, "the non-existence of something" could not be known about or valued. The emotions then get repressed into "pockets of vacancy". Raphael-Leff then gave us some case examples from her clinical practice which illustrated this notion of the psychic geode. The following vignette was the first example she gave.

History

A woman in her late 60ies who had a still born baby, nearly three decades earlier. The death at birth left her and her husband unable to recover emotionally. It appears the impact of this loss was not able to be understood in a way that they could mourn the dead baby and attempt a subsequent pregnancy. Birth control was then continually used by the husband with out ever being discussed. The couple came for therapy at the time of the wife's retirement from a career dedicated to interior design.

Discussion

It was thought that the woman had defended against the profound disturbance of losing a baby by a successful investment into the "decoration" of the outside world. This is in contrast to her inability to attend to the damage in her intra-psychic world. The couple seemed to need to protect the damaged against knowing about impoverishment, managing the loss in a way that it could not come to be understood. But Raphael Leff suggests that the "geode" metaphor is useful here when we consider when the mourning forms a scar that does not heal. The absence becomes encapsulated into a space, a cavity which is not consciously known to have existed.

By coming for psycho-therapeutic work they began to learn that the empty guest room in their home could be seen as a metaphor for the empty space of the lost baby. The decades of avoiding any emotion related to the death slowly became possible to be express during the couple therapy. Inside the geode there seemed the noxious ideas of being responsible for causing her baby's death and the profound sadness that had limited their marriage to one of avoiding the long standing fears. Raphael-Leff suggests that we can use the geode notion for understanding the deeply hidden unconscious process that become sealed when mourning is arrested. This process is related to a presymbolic disturbance, such that an absence gets internalised.

Rapahel-Leff gave us several other examples of psychoanaltic work using the notion of a dark geode. She proposes that this notion became conceptualised through as an awareness of a gaping hole that appears to contain an non-existent other. The concept of geode appears to be empty but there are hidden contents. These sealed cavities can stem initially from early primitive experiences. It as if once opened at times of change or crisis, the hidden contents can be allowed to be more understood.

The discussion following this talk lead by Dr. Vivienne Elton allowed us to recognise how vital mourning is to healing; mourning being different from depression. If "unthinking" can not get conceptualised there can be aspects of the self that are put on hold, unconsciously preserved in a space which holds the unspeakable experiences. If then these traumatic experiences are not able to be processed they can possibly be transmitted across the generations.

Dr. Ruth Safier: "The Impact on a Woman of Becoming a Mother-Loss, Growth and Distress in the Postnatal Period"

Safier's talk covered a rich spectrum of ideas. From fragments of a personal dream, a supervisee's development after the birth of a child to the clinical material of a woman in analysis who with a passionate interest in the Holocaust she was able to draw out her

themes. Safier's opened with a modest statement that this talk was born of a struggle with her self that comes from the feeling that as woman, mother and analyst that in giving this talk "she ought to know".

Using Donald Winnicott's work she spoke of the ordinary devoted mother, and his three notions of what ordinary mother may at times feel, that of "primary maternal preoccupation, persecution and depression".

Unable to do justice to the depth of what Ruth Safier offered I will summarise it in point form:

- (As the gender that bears the child) women are nearer to death than men.
- If women are the guardians of the heart they are also nearer to death.
- Women need to tolerate chaos, more so when they become mothers.
- Life is altered, there is no going back from motherhood
- To live life rather than survive it with the inevitable break up of previous ways of functioning
- Mothers lose their bodies, their life style, her view of her own mother, her defenses, loss of certainty and knowing the danger of not surviving unthinkable anxieties.
- Exhaustion of pain, sleeplessness, deprivation of physical state-needs to manage to keep the baby alive.
- Intense physical demands of baby's needs, she asks herself to put her own needs second.
- · Mental chaos needs to be managed.

Ruth proposed that it is necessary that mothers be available to the infant and the infant's states. It is important that during this state one can see the baby as separate, and yet drawing from the discussion in the Infant Observation seminars how hard this is to see the baby as separate. I loved Ruth's notion of the dangers of using to the extreme the notion of the competencies of the self regulating baby, which has all the hard wiring to drive development. For some infants there may seemingly be a coping façade, where others may not see the façade and will highly value that competence. Coining the term the "Apple Mac baby" she cautions that babies also can quickly get "unstuck" and it is an understanding of both aspects of the infant that is needed.

The growth and distress of the motherhood process means that there is a central role of loss and grieving in becoming a mother. Birth can bring the loss of the state of pregnancy which can sometimes bring fantasies of completeness and omnipotence. For some mothers there exists a fantasy of the ideal baby; related to the ideal objects of the mother. For some birth brings an aching sense of loss.

The other ways in thinking about the process of becoming a mother are the changes required in managing the negative feelings between mother and child and the mother and her partner. She quotes one of the characters in the novel *Grace Notes* who reminds us that all songs about babies are divided into either love or infanticide.

Concluding on what makes a mother maternal she summarises by saying:

Stern: women need a community of 'holding" from other women, considerable external support from others and internal supports of her own.

Ester Bick: the mothers' attention to hold fragments together

Donald Winnicott: state of being rather than doing

Wilfred Bion: hold in mind unmanageable feelings, overwhelming anxiety turned into thought Good Enough Mother? What is it?
Tolerate pain to think not just to act Capacity to see baby from the other, allows mother to observe and differentiate Integrity of maternal objects
Mothers' own history as a baby, not set in stone

Whether the audience came because they were attracted to the title of seminar "Perinatal Loss and Post Natal Depression: Absence, the Capacity for Loss and the Consequences for Mother and Baby" or the opportunity to listen to two esteemed psychoanalysts with exotic names is unknown. What is known is that the occasion offered participants a rich feast of ideas useful for any professional working in the perinatal/infant mental health field. There were no Grand Final banners, bunting or balloons. However the morning was as passionate and memorable, in a very different way, ending just as the other occasion was about to start a few miles away.

AATH NETWORK NEWS

VICTORIAN NEWS

VICTORIAN COMMITTEE MEMBERS

President: Michelle Meehan Secretary: Jeanette Milgrom Treasurer: Kerry Judd

Scientific Program: Liam O'Connor

From: Sarah Jones

This time of year it is fairly low key in Victoria; beach and festive holidays tend to be more attractive than scientific meetings. Our biggest news for the next 3 years will be the 2004 WAIMH conference. At Montreal's WAIMH meeting it was confirmed that Melbourne would host this world occasion years later. It is interesting being on the committee to watch how these large events unfold. Literally years in the making! Campbell Paul and Brigid Jordan met Hiram Fitzgerald in Melbourne in June, and set some of the foundations in place for the proposal to be accepted in Montreal. The Victorian Tourist Bureau is very instrumental in putting together information, as part of the whole process of helping local organizations and businesses to win large conference tenders. There are a number of venues being considered and despite the conference

being 3 years away, there are clear advantages in choosing a venue now. There is already competition for bookings. At present the rest of the committee are very grateful that Campbell and Brigid have such foresight to prepare for what we hope will be a very positive experience. The conference committee will kick in with other support once it is required, with representation from other states.

Congratulations to Victorian President of AAIMH for 2001 is again Michele Meehan. I do think we should thank all the State presidents for their work, holding the committees together and being mindful about all the tasks, all the portfolios and all the meetings. We are grateful to Michele for doing this again for Victoria and doing it so well.

Not only has Victoria carried the Newsletter for the past 3 years, but also the 1999 State Conference and the planning for 2004. So our State Committee, Campbell Paul, Brigid Jordan and Michele have been very busy these past few years. It is their work which has provided a framework for our productive organization.

This is my last Victorian Network News correspondent report. Farewell. I am off to the UK for 6 months, and will look at, among many things UK AIMH and their newsletter whilst I am there. Best wishes for 2001!

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

We have had a post conference meeting and a planning meeting for next year. The conference budget is not finalized yet. Generally feedback was positive. There were some suggestions, for example, that we should give out a list of all participants. We will send these on to Perth.

We have had an election of officers. Pam Linke is now SA President, Elizabeth Puddy is Treasurer and delegate to the national committee, Anita MacPherson is secretary, and the committee members are Donnie Martin, Jenny Platten, Karen Fitzgerald, Terry Donald, Kim Tomlian, and Ros Powrie.

Next year, we are planning a different program with alternate months a kind of journal club discussion led by different people with expertise in the topic discussed and we are also hoping to be able to take advantage of some visits from overseas presenters for one or two general public or professional sessions.

And we would of course like to remind people of our videos of Bruce Perry (available from Flinders Medical Centre, Child Protection Service) and Martha Erickson (available from Women's and Children's Hospital, child protection service). Both of these are very useful for teaching and discussion. For parents there are the one on Fathers (available from Foundation Studios) and Right from the Start (available from Parenting SA) which was shown at the conference and is for parents and those who work with them and is about building relationships with babies.

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: Kerry Lockhart

Lorraine Rose's book, "Learning to Love", was launched on 27th November at Gleebooks. The book focuses on the first year of life and looks at the emotional dimension of becoming a parent and offers an understanding of the baby's emotional needs. The following workshop days are coming up in the Year

2001.

Wednesday 14/02/01:

Parent Adjustment to the Diagnosis of a child's Medical Condition - Bruce Lord and Disorganized Attachment -Robyn Dolby.

Wednesday 14/03/01:

Understanding the Emotional World of the Baby: The Path of Empathy.

- what is the baby's experience in the womb and during the early weeks following birth?
- what are the baby's development tasks during this time?

QUEENSLAND NETWORK **NEWS**

QUEENSLAND COMMITTEE MEMBERS

President: Janet Rhind

Vice President: Elizabeth Webster

Correspondence Secretary: Susan Wilson

Treasurer: Michael Daubney

Committee Members: Debra Sorensen, Kathy

Eichmann, Helen Baker, David Pinchin

From: Michael Daubney

Before the committee members went off for a break over Christmas, a planning meeting was held in early December. As well as covering general business matters, the program for next year was discussed. Also, the future National Conference being held in Brisbane was raised. Although this seems some time away, we are aware of the need to plan well in advance. The program for 2001 will follow a similar format to this years, involving both clinical discussions and presentations by guest speakers. Some time was spent discussing the importance of advocacy and how we can maximize our effectiveness in this important role. As noted in previous Network News, the Committee is appreciative of the help and support it has received throughout the year. The final meeting indicated that next year will be a busy year.



SYDNEY INSTITUTE FOR PSYCHO-ANALYSIS

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

2001 PROGRAMME OF PUBLIC LECTURES

TERM 1 - THINKING ABOUT INFANCY

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.

February 6: The Impact on a Woman of becoming a Mother - loss, gain and distress in the Perinatal Period. **Lecturer: Ruth Safier**

February 13: On Observing - The Clinical Relevance and the Importance of Infant Observation.

Lecturer: Peter Blake

February 20: Post Natal Depression - Mother infant interaction and attachment - an observational approach.

Lecturers: Cathy McMahon,
Judy Ungerer

February 27: "The Baby or the Dream" - a discussion of the Green/Stern debate on the relevance of Infant Research to Psychoanalysis. There will be a particular focus on the effect of maternal depression

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.

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

and Green's formulation of the "dead mother".

Lecturer: John McClean

March 6: Linking Attachment Theory and Psychoanalysis - the clinical and research relevance of Fonagy's concept of reflective functioning.

Lecturer: Louise Gyler

March 13: Ghosts from the Nursery - Traumatic beginnings, Troubled endings.

Lecturer: John Boots

March 20: Overview - an attempt to integrate different vertices. A Psychoanalyst and a Researcher consider what the papers of the term have meant to them.

Lecturers: Joan Symington and Judy Ungerer

	c Lectures for Terms 1, 2 & 3 / Term 1, 2001 (please circle) te for Psycho-Analysis for \$330.00 (incl. GST) / \$132.00			
Address:	Postcode			
Phone: (W)	(H)			
Phone: (W) (H) Professional Qualifications:				
Place of Work: (proof of full time student status will be required)				

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 1.2 & 3 (incl. GST) or \$132.00 per term (incl. GST)

The programme is "Category A" MOPS Accredited.

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