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Guidelines for contributors

AAIMHI aims to publish quarterly editions in March, June, September and December. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

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Articles are accepted preferably as Word documents sent electronically. Send to Shelley Reid at email:

sre74766@bigpond.net.au

Editorial inquiries:

Shelley Reid

0428 425 022

sre74766@bigpond.net.au

or shelley.reid@email.cs.nsw.gov.au

Postal address:

The Editor, AAIMHI Newsletter

PO Box 846

Ashfield NSW 1800

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The promise and the reality: The seductive nature of the field of Attachment Theory

Lynn E Priddis & Noel D Howieson

Abstract

When Bowlby wrote about Attachment Theory he drew on the secrets of man's evolutionary past. Bowlby's thesis was that we today are the outcomes of ancestors who survived through the adaptive use of attachment strategies to provide protection from danger and to find reproductive partners. This paper explores some of the creativity and adaptive strategies required by today's attachment researchers to survive the dangers that exist in the field today. The paper takes the perspective that the attachment field has a seductive nature: It attracts those who wish to rescue the helpless infant, and thereby the next generation from the too good, the bad or the ugly parent. It lures the battle scarred who staggered up from their own deceptive childhood relationships. Seductive as it is, the attachment domain does not always deliver the rewards expected. This paper explores what is promised and what is delivered in the field of attachment theory.

There is no doubt about the lure of Attachment Theory. Sparked by Bowlby's observations of the distress shown by young children on separation from their mothers, it was conceived in the cradle of altruism. It touches us all deeply as we resonate to the echoes of childhood and parenthood. It possesses face validity, and provides robust research measures that satisfy our need to classify and explain human behaviour. This domain has the capacity to seduce us all.

Observation and reflection across his psychoanalytical experience, and across learning theory, ethology, neurophysiology, control system theory and developmental biology, led Bowlby to propose that attachment strategies be conceived as a series of behavioural systems that have evolved because they serve to protect the species and ensure its survival. As such they are as significant a class of behaviour as feeding and reproduction. Attachment strategies are activated by danger or stress, and result in bringing the indi-

vidual closer to stronger or wiser people for protection (Bowlby, 1977). Child behaviours such as smiling, crying or calling out, serve to attract a caregiver to care for the child in times of either physical or psychological danger. This system remains significant throughout the life span. Even in adulthood, attachment strategies are "evident when a person is distressed, ill or afraid" (Bowlby, 2000, p.129).

Bowlby emphasised the reciprocal nature of the child's ties to his/her mother or main attachment figure (AF). Each is adapted to the other so that where the child's behaviour fits that of his/her major caregivers and the social environment, then his/her emotional and social development will follow a normal course. Developmental anomalies will occur when the child's attachment strategies are not well adapted or are adapted to less than adequate social environments. Bowlby proposed that these repeated relational experiences become internalised into representational mental schema that he called *the*

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Internal Working Models (IWM) (1998a). Cognitions and affects of early relationships held in IWM influence how the children and later the adolescents and adults feel about themselves; how they expect to be treated; and how they feel about each parent. The IWM begin to operate at an unconscious level with gradual modification with maturation (Bowlby, 1973, 1980, 1998b).

Attachment strategies were originally identified in a research context by Ainsworth, in normative infant populations through the infant Strange Situation (SS) procedure (Ainsworth and Wittig, 1969). Replications of these experiments across different cultures have identified the same patterns of infant behaviour: secure, anxious/ambivalent, and anxious/avoidant. Later research identified a disorganized strategy that is present both in clinical and normative populations (Main and Solomon, 1986). Laboratory procedures are now in place to assess attachment strategies in infants and pre-school children. (For a review see Solomon and Cassidy, (1999)). A representational tool known as the Adult Attachment Interview (AAI) to assess attachment patterns in later adolescence and adulthood is available (Crittenden, 2003; George, Kaplan and Main, 1985) and the search is on for a developmentally appropriate and sound procedure to assess attachment strategies in school children (Emde, 2003; Green, Stanley, Smith and Goldwyn, 2000; Priddis, 2005).

The promise

This is good news for psychology. Here is a psychological domain that explores a broad band of behaviour across the lifespan, yet has established sound research instruments, and also addresses important issues. It is very exciting to the new researcher. The possibility exists for endless hypotheses that predict to which variables attachment categories might relate, or how these categories illuminate relationships; at school, in the family, at work, or in romance? Work has begun on these questions but as yet openings

remain.

The new researcher is excited. Those more seasoned urge caution. "The rewards are expensive to obtain; indeed they may not be obtainable. The technology is complex. For the basic assessment tool, the Strange Situation, a laboratory with a two-way screen wired for sound and with a flexible camera that can take in every corner of the room is necessary. A team of trained personnel, a manager, a stranger, a camera person, and a secretary is required, accredited classifiers are essential. Training to reliability is rarely available in Australia, and only limited opportunities exist overseas, since, whilst many students have been trained in the procedures, few are authorized to train others. Training workshops involve several weeks including travel, so that leave must be arranged and if possible, sponsors. Then another difficulty arises. Two coders must be used in the classifications for research. Where from? At what cost?" (Priddis, 2005). It is now that one's thinking starts to wobble. Reality bites. Compromises are made. Perhaps one can cut down on subjects – maybe just 40 in the target group and 40 controls? Or would one need controls?

The domain should be losing its gloss. It is not all good. But is one deterred? No! It is such important work. By helping the baby of today we can save the next generation. By now, one's subjects are too old for the SS. Does one generate a new sample or use a procedure for older children? If so, which one? The different laboratories use different scoring procedures. The original laboratories sanctioned by Ainsworth and Main are respectable but inaccessible. Other systems using slightly different constructs and procedures but still measuring the same attachment categories are available. One goes alternative. These workshops are just as expensive and complex but one meets interesting and committed people and most students have several strings to their attachment bow. It is tempting to hang in there. Perhaps one could run one's

are just a little too old – and then run again in a few years when one has learned the preschool methodology – Then there is a course in the AAI also available next year – perhaps one could take that in too and test the mothers of the children also – a predictive intergenerational design. The seduction is complete.

The Reality

So when one's training is completed, and subjects are run, and one has found a significant relationship between attachment category and something dear to one's heart. One is ready to publish. Another challenge emerges. The manuscript is sent to publishers and to mentors for comment. The publishers' comments ever so polite are received hopefully. "Unfortunately though this is an excellent study and very well written, the particular instrument chosen does not yet have a satisfactory published list of validation studies. Had you stuck to the original Strange Situation..." The mentor's comments arrive. "Might I remind you that you did this training some years ago. My records do not show that you have upgraded your certification..." (Priddis, 2005). Disillusionment sets in; you find yourself combing the Internet for a pencil and paper test of Attachment Security.

The rewards

Given time to adjust one's expectations, and to review the fruits of the endeavour, one can appreciate the richness that the training and the research experiences have conferred. The tools provide rich clinical insight, if you have learned to use them and know what you are looking for. The hundreds of hours put into the study of the classification of attachment strategies across the lifespan have made available internally wonderful, now intuitively understood, typologies of the behaviour patterns which develop in childhood. The serious student of attachment knows how patterns of behaviour that bring about the desired

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comfort or feeling of being safe in the child become entrenched. Since these attachment patterns are the best the child can come up with at the time they are not to be despised. However, they are less agreeable when still lurking in the classroom and later, the boardroom, or the bedroom. From thoughtful study of hundreds of videos and AAI transcripts the student of attachment behaviour has learned how to identify the patterns in the everyday world.

The attachment measures may all be used routinely in clinical work, resulting in the emergence of rich understandings that may otherwise take many sessions to reach. For example one can see in the interviewee's behaviour with the interviewer the strategy that crystallised as a child. The overbright good child identified by Main and Cassidy (1988) who substitutes false positive expression for inhibited negative feelings and who might attempt to care for or entertain his/her attachment figure (AF) may be seen trying to please the interviewer by working hard to comply with all requests, repeating him/herself to help the interviewer, and compulsively attending to detail. On the other hand a different response to the same questions enables us to see the damaged child that still exists in another adult who is behaving manipulatively or aggressively. Where the child's history was one of danger and parental triangulation that has not yet been integrated into a coherent story, we find an adult who presents as good in a contradictory and chillingly affectless transcript.

Routinely videotaping the parent-child interaction as in the SS, provides an unarguable record from which hypotheses might be made and which may be referred to again and again with the parent, or for review of the case with colleagues. Within helping agencies, we learn to see and understand more quickly the destructive capacity of the well intentioned carer from a damaged childhood, who is still unresolved with respect to traumatic issues and anger.

In everyday life one learns to view the world through a clearer lens. The workplace bully/victim is rapidly identified; the rising executive is more transparent in his/her strategies, and actions of our friends and family are more clearly understood. National and international politics are clearer when viewed through the attachment lens and even paintings in the National Art Gallery take on new perspectives.

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Address for correspondence:
Lynn E. Priddis, PhD
Department of Psychology,
School of Health Sciences
Curtin University of Technology
G.P.O. Box U1987.
Perth, Western Australia 6845
Email: l.priddis@curtin.edu.au

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The promise and the reality - Appendix

Sample Discourse from each of a Good, Bad and Ugly AAI Transcript.

1. Before we start can you give me an overview of your childhood family, things like where you were born, who was in your family, where you lived, what your parents did for a living, whether you moved around much, things like that so that I can get a picture of your family.

M: Yeah, I was born in Perth, um ... I've got one sister who is younger than me and two brothers both older than me. We lived in A until I was five years old and then my father was transferred as a teacher and so we moved to B where we lived ever since. Umm my mother was a teacher too and worked part-time while we were all younger ...Errm ... what else do you want me to say?

And later in the interview -

I'd like you to choose five adjectives that describe your relationship with your mother when you were young.

M: When I was young?

Yes. It might not be so easy to think of?

M: Yes, certainly, eh, loving.

Mm.

M: Eh adjectives yes, mm warmth ... eh .. this is may be a verb, to give support, care and such things, are these adjectives?

It doesn't matter as long as it describes the relationship.

M: ... comfort I think was very comforting, mm ... protecting, I think.

I have written down four, but you said some I didn't write down, it was

M: Care, yes.

Care, yes

2. Before we start can you give me an overview of your childhood family, things like where you were born, who was in your family, where you lived, what your parents did for a living, whether you moved around much, things like that so that I can get a picture of your family.

C: I was born in Perth. Ah I was the first child and grandchild on both sides of the family so there was no other siblings or cousins or anything so I, I, [laughing, talking together] so I was very celebrated, very loved by everybody.

The next part of the question I was going to ask you is to choose five words or phrases to describe your relationship with your mother when you were very young. You've almost done that.

C: I've already done that [laugh]. Um ... I think ... there was a jealousy associated with me and mum so I think she saw me as a competitor rather than a, a [shuffle] a child. That was more of our relationship. Um [shuffle] I mean she said things to me - things that I recall my mum saying to me in my youth is things like her marriage ended the day that I was born. Said in jest but they're pretty harsh words to say to a young child.

3. Before we start can you give me an overview of your childhood family, things like where you were born, who was in your family, where you lived, what your parents did for a living, whether you moved around much, things like that so that I can get a picture of your family.

X: Well, what I remember of me childhood was ... like we we lived in Bunbury, there was me, me mum and dad, me sister S and me brother B and then er me youngest sister and er obviously meself. And er I can't remember much about that side of it, but me mum and dad they were always constantly working. And then we'd be ... I'd go up to this.... about three doors away and they'd look after me, you know what I mean? ... Well I definitely hated school, all of it, I just couldn't get on. Dunno why but I just couldn't never, well I used to go to school, but when I hit high school I started truanting a lot, you know. And me brother, he took like a father role to me. You know what I mean he used to do all the belting of us. And I used to get some er, I've got some black eyes... I remember a lot of occasions where he's blacked me eyes, nuted me, kneed me, on one occasion both me eyes, I couldn't see out of one of them, I was in that much of a state. He was a bully, you know what I mean...

Later -

Yes. So can you think of anything that would illustrate your relationship with your mother, from when you were little?

X: I don't think she had much love in her, me mum. She didn't, you know what I mean. I don't think she had much love for me dad - cos I can remember, I don't know how old I'd have been, laid in me bed and obviously they do make love, don't they? And er, I could hear them, know what I mean ... she hated sex...

As a child you could hear this?

X: Yeah, I could hear it all. Well, the bedrooms are only thin, you know. And then you could hear them like arguing and all that. It wasn't a, it wasn't a great, you know a great life, but ... you've got to put up with what you've got...

Later

So when you were feeling distressed as a child, what would happen then?

X: Er ...which way?

Who would you go to? Would you go to anyone? And what would happen?

X: On a lot of occasions, I'd sit ... I do, even now, I hold it all back, I don't say, I don't say anything, and I can build up and build up and once ... I can just explode and the lot will, it will all come out and I'll ... it will just come out, know what I mean.

Early parenting difficulties

The case of Sarah and Max – so much more than a sleep and feeding problem

Anne Clifford

RN BN CHN IBCLC MIMH

Pseudonyms have been used in this article

Ngala is the only early parenting centre in Western Australia. A range of services is available with the initial approach generally made through the Ngala telephone help-line. Parents are able to self refer for whichever service they feel will most meet their need. For parents living in the metropolitan area the first point of entry is usually a day stay service. The day stay provides an opportunity for families to work with the nurse on an individual basis, discussing their problems and planning for change.

The Centre is small and only able to provide the residential service for six families each week and a day stay service for eighteen families per week. Whilst mothers usually present seeking help with feeding and settling, it is understood that such parenting difficulties are often much more complex. These difficulties may include grief and loss, postnatal depression and family of origin issues.

As a child health nurse my role is to work with parents using the C Frame model (Victorian Parenting Centres Consortium, 2003). This model explores the parents' constructed system and taps into their experiences and strengths in collaboration with the nurse to identify their own issues and to problem solve together to come up with solutions that suit them.

Sarah was asking for assistance with the nutritional and sleep difficulties that she was having with her toddler Max (aged 15 months). Sarah would breastfeed Max to sleep, and he breastfed frequently during the day. Sarah was concerned that Max ate very little and could only manage puréed foods.

The interaction of this mother infant pair was a pleasure to watch. Max wandered happily around the room, play-

ing but regularly looking up at Mum to see what she thought and to check she was still there. When Max wandered back to her Sarah welcomed his return; when he was playing and looked up to see if she was watching she always was and would use her voice and her face and her body movements to demonstrate her interest and enthusiasm in his activities.

I was present when Sarah was giving Max his lunch. Sarah tried to feed Max with a spoon. Max would first try to grab the spoon from his mother, and when Sarah did not allow him to take hold of the spoon he would then turn his head away as the spoon of food was approaching. I suggested that Max might like to feed himself. Sarah then put tiny bird-like pieces of bread onto the high chair for him to pick up but not before putting several pieces of the food into his mouth herself. We discussed this in relation to Max's development in that perhaps he wished to feed himself and that he would be able to manage the whole sandwich rather than needing her to break it up for him.

I began to understand some of the difficulties this mother was having when she explained that she did not do this because Max would put all the food into his mouth in one piece and she was afraid that he would choke. She also said that he would gag and spit out any food with lumps in it so in order to get him just to try a little Sarah would purée the food. I asked if we could let him try some larger pieces of food so that I could watch what he did with these.

Max had a great time with the food. He crushed it in his fingers and packed his mouth with food, spat it out when he was no longer interested and threw a lot of it on the floor. Sarah was nervous and watched him very intently.

After lunch Sarah gave Max a

breastfeed. She stopped this before he went to sleep and then read him a story before placing him in his cot. Max cried as soon as he was put into the cot. Sarah was extremely distressed by this, she sat on a chair beside his cot but this did not help. Sarah picked Max up and he calmed immediately and as we were sitting talking Sarah's husband (Tony) arrived.

We moved out of the bedroom and spent a few minutes talking and then Tony said he would put Max to bed. He went into the bedroom, read a short story to Max while he was sitting in his cot, said *good boy time for a sleep* and left the room. Max went straight to sleep without a murmur of protest! Sarah then told me that Tony could always do this.

The difficulties with nutrition appeared to be two-fold, firstly due to Sarah's difficulty with separation. She wanted to maintain her breastfeeding, which meant that Max did not have the appetite to become interested in solids. Secondly, Sarah's fears for Max and his ability to manage solids meant that she restricted his diet.

The details of Sarah's family history provided an insight and an understanding that the difficulties Max was having with sleep were closely intertwined with the difficulties his mother was having in separating from her infant. Although Sarah has been able to encourage and manage separation and individuation in Max in his play and exploration there are other important areas of his development that she has been unable to face and manage the conflicts within her. Sarah has suffered many previous losses in her life so that the usual responses to separation and loss arouse anxieties in her that she is unable to understand or resolve. As a result these anxieties are presenting themselves as a variety of distortions of this separa-

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Early parenting difficulties

tion process for Max as well as for Sarah.

Sarah was able to reflect on her own need to manage and understand her feelings when separating from her baby at bedtime, the anxiety she had in losing her breastfeeding relationship and allowing Max more freedom with his diet. We realised that this separation for her would need to be very gradual. Her feelings were intense and complex and psychotherapy offered the possibility of thoughtful exploration about parenthood as well as the opportunity to recover and understand the feelings she could see as threatening to interrupt the development of a positive and enduring relationship with her son.

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Call for expressions of interest.

The SA branch of AAIMHI has been offered an opportunity to host a two-week training course in the adult attachment interview in January 2007. This course would be run by Dr Tord Ivarsson and Dr Anders Broberg from Sweden who use the AAI developed by George Kaplan and Mary Main, and it includes the reliability test. As it is very expensive to put on, we need 20 participants to be able to run it and the cost would be about \$4000 for the two weeks intensive training, including the fee for the reliability test. Can anyone who is interested in finding out more please email Dr Clara Bookless at bookless.clara@saugov.sa.au or phone her on 08 8303 1500 so we can get an idea of whether there would be enough people interested to run the course.

Australia Day Honours Award



Congratulations to Pam Linke on being awarded a Member of the Order of Australia (AM) for service to children, particularly early childhood development, as a researcher and author on parenting skills and infant mental health (The Advertiser, January 26, 2006).

Together with Elizabeth Puddy, Pam was instrumental in setting up the AAIMH SA Branch and is currently the president. She is also the Advocacy Officer for the national committee of the association.

Pam's dedication to maximising every opportunity to improve the lives of infants and young children is evident in the way she influences all those with whom she comes into contact. Pam is driven by what is best for infants and children and is prepared to devote enormous amounts of her personal time to this cause. She is actively involved in a number of associations and makes connections between people from each of them. These include NiFTEY Australia and Early Childhood Australia. Other community boards and council memberships include the Dental Board of SA, the Board of Elder Care of SA and the council of St Peters Collegiate Girls' School in SA. Pam is also an active member of her local Uniting Church parish.

Employed by Child and Youth Health, Pam is the manager for the Centre for Parenting. She has been instrumental in the introduction of the universal home visiting program in South Australia.

Pam strives to ensure that new research and knowledge about infants and young children is widely disseminated, whether speaking with local and national media, peers, outside groups or in written articles and resource material. As a writer, Pam has the ability to translate complex theory and research into accessible language for a variety of audiences including academics, staff working with children, parents and the media.

Book Review

Talking to Babies - Healing with words on a Maternity Ward

Author: Myriam Szejer MD

Translated from French

Publisher: Beacon Press, Boston USA

www.beacon.org

Khader, caught up in the cultural and family dynamic turmoil of his parents, Mathieu who “knew” who his father was, Lea who had to mourn for her twin sister before she could herself decide to live, Marie who needed her mother’s odour to feel “contained”; all have had a special encounter with “a psychoanalyst for babies”, “the child shrink”, “someone called Myriam”. This book tells us their stories, how Myriam intervened and on which basis she did allow herself to intervene in the first days of their life.

Myriam Szejer is a French child psychiatrist and psychoanalyst, author of several books in French, and President of the organisation “La Cause des Bebes” (the interests of the baby). This is her first book published in English.

In fact her interest in babies started with their mothers when she founded a study group about the “baby blues” with psychoanalysts, gynaecologists and paediatricians. Later, Myriam was allowed to observe Francoise Dolto’s practice as a psychoanalyst with babies in the care of Children’s Services. These babies had been neglected, abused or relinquished and suffered from various symptoms. They were especially referred to Francoise Dolto for psychoanalytical treatment.

Here I must say a few words about Francoise Dolto. In France she was, and still is, a very influential and, as such, controversial psychoanalyst, a friend and colleague of Jacques Lacan, and a pioneer in working with babies. Despite having written many books, only her first one, “The Case of Dominique”, has been translated into English so far and she is still largely unknown in the English-speaking world. Francoise Dolto was an amazing clinician, with an inimitable way of speaking to children, who would an-

swer readily. She spoke to babies and thought that one could communicate with them more directly than with adults. She maintained that psychoanalysis cannot be taught and that one has to work with one’s own unconscious knowledge. Working with the psychoanalysts observing her, she would ask them what they had heard, discuss it, then utilise or criticize their responses.

Francoise Dolto was transmitting something which is impossible to teach academically or to be learned even through supervision or formal and informal exchanges with colleagues. She was indeed a passionate “teacher” and has been committed to working with babies even until a few days before her death. She was charismatic and inspired the career of many of us by her approach and her way of thinking. She died in 1988.

While observing Francoise Dolto working, Myriam Szejer, already a psychoanalyst with adults, discovered how babies responded promptly and clearly. She was astonished by the suddenness of the relief of the symptoms in contrast with the usual lengthy process of psychoanalysis.

After Francoise Dolto’s death, Myriam continued to work in a community psychiatric service for children, where she saw very young and very disturbed children who had been placed in foster care. She was then able to notably reduce symptoms when “words were giving meanings to the scattered fragments of their history, even if those children had never met their birth parents”. As several of those children were waiting for an adoptive family, Myriam thought that working around that critical time of birth, with mothers and with babies, could prevent subsequent suffering and may be of help for the ba-

bies in getting ready to adopt their future family.

In her book, Myriam tells us how she was able to establish a new way of working psychoanalytically on a maternity ward. She did so with the support of its Director, Dr Rene Frydman who is a pioneering obstetrician and researcher in medically assisted human reproduction and high-risk pregnancies, well known for the first birth in France of a baby girl following IVF.

In this highly technological environment, albeit humanised, where premature babies were nursed as much as possible by their mothers, Myriam was able to clearly define her position and role as a psychoanalyst, different from those of a psychologist, a social worker, a paediatrician or a psychiatrist. Working in a hospital, she had to put in place a process to guarantee that the request (demand) would come from the mother/parents, as is essential in psychoanalytic practice. She had to educate the staff into her way of working as she also has to rely on them to convey her offer of listening. Of course, they would tell her when they thought that a mother or a baby could benefit from a session, but it was also important for them to fully understand why she would not intervene if the mother declined her offer.

In her writing, she bears witness to the complexity and rewards of this work all through the book in a very convincing way. Although the idea of talking to babies in the position of a psychoanalyst could still seem extraordinary to some, Myriam draws from the latest scientific research in neurophysiology, audiology, paediatrics, and on memory, ethology and anthropology to show that it makes sense. In psychoanalysis, she refers to D. Stern, D. Winnicott, F. Dolto,

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Book Review

J. Lacan and many other French psychoanalysts. She also pays respect to the fields of research and Medicine which in her words have helped her more than traditional psychiatry to build up her current practice. Her main concern is that the baby would be treated with the respect and dignity he deserves as a subject. She criticises those who, with the best intentions in the world, treat him as an object of experiment and use him, in some research, as the object of their voyeurism.

Of course, she warns us, "The newborn does not grasp language like someone who has already acquired it. No one, scientist or otherwise, can waste their time thinking that. Nor would anyone believe a therapist who claims that the newborn, though he does not understand the meaning of what she tells him, nevertheless obeys her wish that he feels better, in order to humour her".

Nevertheless, quoting F. Dolto, she tells us that babies "understand when they are spoken to [about] a truth that concerns them, with words about the facts, without any value judgment". Myriam demonstrates, through numerous cases, how "the psychoanalytic conversation with a newborn has an effect on his body".

Of course, she also takes into account the history of the mother, the father, the pregnancy, or any trauma which may have occurred during it and gives names to those memories embedded in the body of the child in order to put speech where there is otherwise only unexpressed meaning, a symptom, what she calls "a hole of language".

She also pays particular attention to twins where one of them died *in utero* or at birth. Through convincing examples, she shows that the survivor has to be helped to grieve for his companion. Otherwise, he could continue to look for him desperately and this can produce some serious symptoms.

She listens to the mother as well as to the baby and pays extreme attention

to what the baby "speaks" through her cries, her facial expressions, her feeding, her gaze, her time of awakening and sleeping. With words, she links those "unexpressed meanings" both with what the mother is saying and with what she understands from the baby; and, in doing so, establishes a three-way conversation with them.

In the chapter "From Birth to Life's Limbo", Myriam Szejer develops the idea that the "baby blues", usually occurring three to four days after birth, is a time necessary for the mother and the baby, as it is the time when the baby, born as a mammal, goes through a second symbolic birth as a human when he is named. It is also the time when the baby, as an "other", triggers a process of exchange and communication with his mother: "After childbirth comes the birth of the subject". She also speaks of the husbands and partners, how becoming a father is affecting them, sometimes violently in their bodies, how they have to renegotiate their position with their families of origin and with their wife and partner. She notes that they too sometimes suffer from "Daddy's blues" but that, maybe, they have less support and fewer role models than the mothers.

Her last chapter is dedicated to a specific French law, its consequences on the babies and how to make it work in the best possible way for mothers and babies. This law allows any pregnant woman to give birth "confidentially" (anonymously) to her baby, with the full knowledge of giving him up for adoption. She explains the process and what is put in place to protect the mother's rights and the baby's best interests in such difficult circumstances; there again, telling the baby a minimum of his history, what she knows about his parents. She also acknowledges his own desire to live since he found enough in those circumstances to continue to live. This acknowledgment has to be done for the baby to be able to continue his life as a subject and a human being.

"Talking to Babies" is not about chatting; it is a very serious matter. Myriam Szejer shows her remarkable observation skills and respectful understanding of the dynamic of the baby as a human being, as a "coming into being" and as a "speaking being". She does not only look, watch and see but she also listens, hears and talks. In talking to babies of the truth that concerns them, in the position of a third person, she opens a new space for them and for their parents; she frees them and clears the way for a better adjustment to their circumstances.

This book is aimed specifically at an American audience, not simply at an English-speaking one, and this gives it sometimes a narrow view which perhaps would not fit an Australian practice. English being my second language and having stepped into Australian (psychiatric) culture fairly recently, I am particularly sensitive to cultural differences and language issues. It is very unfortunate that the translation seems to me sometimes clumsy and with errors. This could put off some readers. It is of note that the French cultural context of this book, the place that psychoanalytic Lacanian concepts occupy in it and the references to writers not accessible in English could also make it difficult to convey its message to the English-speaking world.

Beyond those obstacles, you will find in it ideas which confirm if need be that, yes, listening and talking directly to and with the babies is really worthwhile.

Dr Françoise Muller-Robbie
fram48@yahoo.com.au

State Reports

NSW

For NSW the year is now well under way. Childcare is in the spotlight and will be for some time to come. AAIMHI is hoping to have more input into the debate and we are in the process of developing strategies for infant mental health advocacy in the media.

On 28 February we had our first clinical meeting for the year. Robin Grille gave an excellent presentation on the historical evolution of childhood. We are very lucky to have Robin as a committed infant mental health advocate and member of our committee. Robin has done extensive study on the topic and he is a great communicator and speaker. The audience was treated to a very moving and inspiring talk with good opportunity for audience interaction. A hard act to follow but the committee is planning more clinical evenings.

Ian Harrison

Branch President

Victoria

After taking a break in January, our monthly scientific meetings have resumed with the first presentation of the year being in February and in conjunction with the Melbourne Institute of Psychoanalysis. Lynn Barnette (UK) presented *Freud and Fathers: a re-assessment in the 21st century 'Sunday's Child' revisited*. Lynn discussed some current views about fathers and presented the latest video clips of Felix, the baby in the 'Sunday's Child' video. Felix (21 years) and his half brother (16 years) talk with Lynn Barnett in the video about their fathers whom they lost with their mother's third relationship.

Scientific meetings are held at 8pm – 9.30pm every third Tuesday evening of the month, at the new venue the Seminar Room, AMREP Education Centre, the Alfred Hospital, Commercial Rd, Prahran. We are looking forward to our March presentation by Louise Emanuel, Manager of the Tavistock Under 5s Counselling Service on 28 March 2006.

Our recently formed Media Liaison and Advocacy Subcommittee has this year developed a process to enable a timely response to news items involving infant mental health and welfare concerns by AAIMH-Vic.

In late December 2005, we were pleased to see the TV, radio and newspaper coverage Victorian AAIMH member, Dr Mary Brown, received for her research on the developmental trajectory of babies with excessive crying. Dr Brown found that severe crying episodes in babies could be an early warning sign of future childhood mental health problems in up to one in five children.

AAIMH-Vic members remain involved in the "State-Wide Infant Mental Health within CAMHS Initiative" convened by AAIMH-Vic president, Rosalie Birkin (r.birkin@alfred.org.au). This continues to be enthusiastically attended with the focus of the meetings being to develop and improve infant services within existing CAMHS settings across Victoria.

Nichola Coombs

AAIMH-Vic Committee Member

SA

The SA committee has been wholly committed to presenting three workshops with Dr Kent Hoffman on the Circle of Security in February – a one-day workshop on attachment and spirituality and a two-day and an eight-day workshop on the Circle of Security. We decided to go it alone to contain expenses and keep costs down and we did not have conference organisers. It can be done! But the committee worked very hard as did our three volunteers and I would like to publicly thank them. Our reward was that from all three sessions we have never had such consistently positive feedback from the people who attended – 50 for the eight-day, about 250 for the two-day and about 75 for the spirituality workshop. Already Kent has invitations to return. Kent spent a short time thinking about Aboriginal attachment and is interested in furthering his understanding of Aboriginal infancy if he is able to come again.

Apart from that the SA branch is providing a day workshop with Daniel Hughes for members in March.

The SA branch is supporting three trainees with scholarships to assist with their fees in the NSW Infant Mental Health course and we would like to congratulate Kerry Gummow, Joanne Bros and Alma O'Donnell on winning the scholarships this year.

Pam Linke

Branch President.

NATIONAL PARENTING CONFERENCE 25-27 May 2006

Complete conference information on www.cyh.com

Themes of the conference will cover the following areas:

- Fathers
- Parenting Teenagers
- Cultural difference in parenting
- Managing children's behaviour and aggression
- Parenting after trauma
- Parent Education
- Parenting children with a disability
- Helping parents keep children safe
- Working with parents in different settings e.g. education, child care, health
- Working in partnership with each other and with parents

Speakers

Professor James Garbarino
 Tim Paquette
 Rosemary Roberts
 Professor James McKenna
 Professor Colin MacMullin
 Constance Jenkin
 Dr John Toumbourou
 Warren Cann

Message from Pam Linke

"An imposing array of international and national presenters will lead the conference including:

Dr James Garbarino whose work is with children who have suffered trauma and the character antecedents of aggression.

Dr James McKenna whom many of you know and whose work is in anthropology and sleep in young children.

Tim Paquette – will be presenting on the Canadian national fathering project relating to helping organisations be more father-friendly and how fathers assist in the development of children's character. Tim will be presenting a one-day workshop at the start of the conference on fathering and the development of values.

Dr Judy Hutchings – who leads the Incredible Years programme in Wales and has received a number of awards for her social and behavioural developmental programme, based on the Webster Stratton behavioural programmes. Judy will be presenting a one-day workshop after the conference.

And Rosie Roberts who comes from Sure Start in the UK and has been director of the PEEP project.

This is a very affordable conference – early bird does not finish until April and we invite you to check it out on the website."

Future events

Old Families, New Beginnings

1st Aboriginal & Torres Strait Islander Perinatal & Infant Mental Health Conference

Working with the 'Ghosts in the Nursery'

4-6 May 2006

Sydney Olympic Park

See: www.aaimhi.org

Women and Depression Conference

6-9 April 2006

Carlton Crest Hotel

Sydney

See: www.womenanddepression.herwill.net

Association of Neonatal Nurses of NSW

17th Annual Conference

Great Expectations: Present and Future

27-28 October 2006

Rydges Hotel North Sydney

See: www.acnn.org.au/conferences

Perinatal Society of Australia and New Zealand

10th Annual Congress

3-6 April 2006

Perth Convention and Exhibition Centre

See: www.congresswest.com.au/psanz

Fourth International Conference on Child and Adolescent Mental Health

5-7 October 2006

Mumbai, India

See: www.iccamh.elsevier.com