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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.

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

All submissions are sub-edited to newsletter standards.

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'Happy Birthday Adam'

A short story by Tess Kingsley

Introduction

The idea for translating reality into fantasy and presenting the experience of many children as the experience of one has come from just that. The experience of seeing many children whose experience of their mothers is that of the strict disciplinarian with professionals still promoting the message that it is OK not to respond to an infant's distress. Fracturing the most important relationship of all, that between the infant and the mother.

The tragedy of this could well be multifaceted and raises several questions, every question surely having to ask, 'Why?'

Why do these mothers continue to adopt blatantly controlling strategies? Is it as one mother with tremendous insight said to me, "It helped to control the chaos within me"?

Why does the gender of the child contribute to decisions relating to management of the infant, particularly by the mother?

Why are we, as professionals, so helpless in reaching out to protect those that we must surely have primary advocacy for, the infant?

Why are we as a society, so bent on removing aspects of joy from parenting?

Why do they do it, those people who profess to have the answers, so emphatic with their message that they generate fear as opposed to understanding?

Why do we allow it?

I have extensive experience having worked in a parenting centre, mother baby units and in maternal and child health. I have seen scores of babies who freeze with anxiety; demonstrate acute hyper vigilance and whose mothers will admit to commencing 'controlled crying' from as young as one week of age. Scores of children, who will, even as young as three weeks of age, choose not to look at their mothers.

Surely we owe it to those wonderful, vulnerable beings, our babies, who are, after all, the future of our society, to do it better?

HAPPY BIRTHDAY ADAM

This story is an amalgamation of several cases.

I open the door and look into the waiting room. The couple waiting are early for their appointment. Adam and his mother. Adam's mother is standing, waiting, anxious to come in, holding Adam in her arms with a large fabric bag hanging from her shoulder. Today is Adam's first birthday and she has brought him in for his twelve-month assessment.

"Happy birthday Adam!" I say brightly as they come in. Adam is sitting upright in his mother's arms; he is still in his pyjamas which is not unusual as it is the first appointment for the day. Although he looks at me, he does not smile. Adam's mother walks into the room, saying the usual "hello" and ex-

Continued on page 2

'Happy Birthday Adam' cont.

plains that she had not long picked him out of his cot and has brought his clothes to change him into. Sitting down, she places the bag on the floor and Adam on her knees.

Adam's mother is a large plain woman who would be described by some as 'homely'. It is, they would say, what happens to a lot of women who become mothers. The connotations of 'homely' implying, perhaps, falling standards. For instance, a lack of regard for appearance, a sense of comfort with being bulky and perhaps a sense of mutuality with what is perceived as mundane. In other words, a shifting of priorities.

When engaging in the brief top to toe scrutiny at which women are expert, one would note dark, thin, listless hair, scraped to the side, cut to the neck and held back from the face with an ordinary black hairpin.

The face is pale, round in shape with an indifferent complexion. Rather like a well risen scone really. Smooth, uniformly pale and today, a touch of pink to the cheeks indicating anticipation and perhaps, repressing a sense of achievement.

Contrary to the above though, perched on the nose and anchored behind the ears was indeed a symbol of past elegance.

Smart, frameless spectacles, reminiscent of a corporate life, of a person who once ruled an office.

Her dress today is casual, shapeless black and loose. Just top and pants.

"Happy Birthday Adam!" I say it again brightly.

I am sure that he has heard the words earlier today, several times, and begins to sense that they must mean something. Remaining passive on his mother's lap, he regards me with an unblinking gaze. I try again, regardless of the need to be mindful of the time, but rather responding to a need within me to get him to smile.

Adam is a pale child but within this assessment not something inherited from his parents.

Adam is a quiet child and it may be that he has learnt to be so. Today on his first birthday, he did not respond with a joyful wave of arms as some would or a shy cuddling up to his mother, peeking back with a smile, as some would, but more as a pale quiet child who looked like fun has yet to knock on his door.

Adam's mother, still sitting on the chair, is holding him facing away from her, on her lap. She is excited about his achievements, measuring where he is at today on his first birthday; 'performance based parenting', a growing concept in a progressive society.

"He can crawl and he can pull himself up. It was just two days after the last time I saw you that he began to move."

I remembered him well. It was two months ago. He was an anxious child, pale and lacking vitality. Fearful of being put down. I remembered the experience of the consultation, the story.

Two months ago, Adam's mother described her experiences with him, saying, "He seemed to be okay till he was about two months old. Then he started getting upset, crying, I couldn't get him to sleep. I took him to a sleep clinic for the day and the nurse told me how to get him to sleep. It wasn't working so we took him to a paediatrician who said he had colic. He checked his urine and we changed the formula a few times but it seemed to make him worse. Then we went to a sleep school and they taught me what to do. He was about four months then. It didn't take long, about a month. We got him into a good two hour up and two hour down routine and he slept all night."

I could still remember. Adam lying still on a mat on the floor, my sitting next to him, a rattle or a toy in my hand trying to gain his interest. Adam's mother, standing, resolute, eyes set at a distant point, describing what has to be

done, committed to a process. She continued with her story.

"Now, the only thing is, during the day, I can't put him down. He won't roll and he won't move. If I put him down, I have to stay with him. He cries if I try to move away. He gets very distressed."

I enquire, "So, what do you do when you put him to bed?"

"I put him into the cot, just as they told me. Don't look at him, tuck him in quickly and walk out, shut the door! Well, he cries of course, but when I go in, he gets so distressed and I am not allowed to look at him or pick him up! Just say firmly, 'go to sleep!' and leave the room. So I try not to go in too often. I have to though sometimes, you know, when he vomits."

"Does he do that much?"

"Yes, he gets that upset; he does, quite a lot."

The task seems impossible: 'how to protect the fragility of the mother and the integrity of the child'.

In the half hour that they were with me, two months ago, I remember choosing my words carefully. I played with the child to ease his anxiety, to show his mother how he could play. I talked to the mother about his need for her to stay with him when he is distressed and soothe him into calm, to help him contain his distress. I used whatever ammunition was within my reach, such as the crutch of the 'developmental phase' and the theory formulated by academics to help her understand emotional barriers.

I remember asking whether anyone else looked after him at times and how he was with them.

"Oh yes!" came the answer, "My parents, well mainly my mother, he is so attached to her. You know they are the only people who can come to the house and he doesn't get upset! And when we go there and we have to leave, the fuss! He gets that upset!"

Continued on page 3

'Happy Birthday Adam' cont.

As Adam's mother proceeds to take his pyjamas off I ask her about his progress in the last two months.

"So when did he start crawling?"

"Two months ago," Adam's mother replies to my query, "that he started moving, it was two days after we saw you last. I did what you said and stayed with him when I put him to bed and he was better."

Now, sitting naked on the scales, ready to be weighed, I approach. Adam remains passive, doesn't move.

It is not hard to notice that Adam doesn't smile. His eyes remain fixed and he keeps quite still, almost frozen, waiting.

Still pale and placid I lay him on the mat to be measured and prodded. Now sitting him up again, I hand him a block, he takes it and passes it to the other hand, I offer him another and he does not reach for it, he doesn't seem to want to.

I place the second block in his hand, and he drops the one he is holding.

I know he can do it.

Eventually, with a bit of persuasion, he holds the two.

"Bang them together! Bang them together!" There was urging from his mother that Adam appeared not to hear. His mother is disappointed.

Now with his napkin on and partly clothed I shine a torch in his eyes. His eyes lift up, as if he has seen me for the first time, he gives me a quick smile. I smile back and we share a millisecond of joy.

As I attempt other tasks related to his development, Adam responds. I ask about his vocalisations.

"Oh at home!" says Adams mother, "just 'dad dad dad dad' all day long."

I ask if he points? (An expected developmental milestone.)

"No", says his mother, "He is not pointing but put into his activity table he will

for ages, with his forefinger, just push the colourful buttons round and round, in a world of his own." Her voice now sounding a little wistful.

"He loves his tucker," she continues brightly again. "Eats anything and still has a couple of bottles. If he wakes early now, I just give him a bottle in his cot and he gets himself back to sleep".

"What about the day time?"

"Well, he still has his days when he won't have a bar of the cot. But, he has to have his routine, even if it takes me up to two hours! But he's getting better!" She gets on with dressing him.

Adam has not looked at his mother once for all the time they have been in the room.

"What about 'Dad Time?'" I ask interested to know where his father fits in.

"Oh well! From the time his dad comes home to the time he goes to bed Adam and his dad are inseparable. He doesn't want anything to do with me when his dad is at home! His dad feeds him, baths him, reads to him and puts him to bed."

Again, I approach softly, "And how do you feel about that?"

"Oh fine! Gives me plenty of time to do everything, get the dinner, do the bottles, sort the washing'. The tone does not sound as bright as the words, but maybe it's the way I hear it.

"He loves his room you know".

Adam remains silent. He is still sitting up on the bench. While his mother talks I place a rattle under a bowl within his reach; I need to see whether he will look for the rattle. Adam looks, then lifts the bowl and takes it to his mouth. I repeat the experiment, he does the same, but he appears not to have any interest in the rattle.

"I blocked off a part of the family room, put down a rug and his hampers of toys, but no! He just crawls to his room, he has a few things there and he plays there all day. You can hear him 'dad

dad dad dad' until he hears his father come home. He hears the car, hears him at the door and he is out of his room, crawling to the front door!"

"What about his grandma?" I remembered from two months ago.

"Oh yes! He loves my mum, in fact when we leave from her place, he gets so upset, distraught really. When they come to us and they have to go home, we have to go outside and say goodbye, for a long time really, so Adam doesn't get as upset when they leave."

Now dressed, sitting down again on his mothers lap, Adam sucks at his fingers as his mother regards the charts.

She shows a great deal of interest in his weight and his height. "He is such a tall boy," she says proudly, "everyone remarks on how fair he is, my mother's fair, and his father's fairer than me" she explains. Adam's mother is so pleased with his progress.

The discussion complete, I look at Adam, I smile and talk to him. We are way over time, and I don't care. Adam tries to form a sound in response.

Suddenly he smiles, a small but spontaneous gesture, a gentle ray of sunshine into my sad and heavy heart. Impulsive, certainly not something I would usually do, I look around for something, something small and soft and colourful to give him.

"Happy Birthday Adam."

Adam's mother picks up her bag, reaches for him and thanks me. As she turns to leave I remind her that I will need to see him in six months time. Although she smiles and nods, there is a sadness in her eyes, which is, surely, reflected in mine.

And so we fail another child. A barter of joy for control.

AAIMHI-SA proudly presents

A two day workshop with Dr Kent Hoffman
Co-developer of The Circle of Security

Building on attachment theory – developing greater insight into relationships

This two day seminar builds on the attachment concepts and the Circle of Security model which Dr Hoffman brought to South Australia previously. If you have an understanding of attachment theory and/or the Circle of Security (<http://www.circleofsecurity.org/>) it will be of benefit to you but is not a pre-requisite for the training.

The seminar will focus on three predictable strategies (Core Sensitivities) commonly used by most of us in an attempt to both navigate close relationships and protect ourselves from emotional pain. Using findings from attachment research, affective neuroscience, and psychoanalytic theory this video-based seminar will use lecture, self-reflection, and participant discussion to better understand the ways in which those we meet (clients, colleagues, family members, ourselves) live within unspoken rules and non-conscious requirements concerning “how to function within relationships.”

This seminar is designed with the belief that understanding and reflecting upon the specific ways that we all seek stability in relatively predictable ways allows for greater insight and empathy regarding both professional and personal interaction. In recognising these common patterns of interaction we can increase our capacity to better respond to ourselves and those around us.

This seminar was created for those working within the helping professions medical, psychological, theological, nursing, teaching etc. - any professionals working with their clients in a helping relationship.

Seminar Program

Day One

Human behaviour and meaning
 The core need for relationship
 Attachment and early brain development
 Less than optimal options for relationship and defensive strategies
 The nature of unregulated affect and its impact on defensive process
 Introduction to Separation Sensitivity

Day Two

Introduction to Esteem Sensitivity
 Introduction to Safety Sensitivity

Where: Venue to be decided

When: Tuesday and Wednesday, 7 – 8 August 2007, 9.00am to 5.00pm

Cost: \$200 for AAIMHI members as of 15/5/07

\$280-00 for non members [including lunch] and including GST.

Receipts at the door. To reserve a place payment in full is required.

For registration or location information
 contact Peta Conor

Tel: 08 8379 8292 or

email: hoffmanworkshop@chariot.net.au.

Further information about the training from
 Pam Linke - 8303 1566.

To reserve a place, please return this slip with cheque or postal order to:

Australian Association for Infant Mental Health

c/- 26 Sturdee Street, Linden Park, SA 5065.

(Cheques made out to AAIMHI - SA Branch)

A two day workshop with Dr Kent Hoffman 7-8 August 2007

TAX INVOICE ABN 93045030281

Name: _____ Phone: _____

Organisation: _____ Email: _____

Address: _____

AAIMHI-SA proudly presents

At the Heart of All Things, Tenderness

A One Day Spiritual Retreat with Dr Kent Hoffman

“ ‘Show me where it hurts’, God said, and every living cell in my body burst into tears before God’s tender eyes.”

– Rabia of India (c. 717-801)

Coming from an understanding from Christian, Buddhist, Sufi, and Hindu traditions within the context of attachment theory, affective neuroscience, and psychoanalytic theory this seminar will focus on our common suffering within the human condition. Recognising our universal need for a safe and secure sense of relationship, we will journey into our shared struggles within the “Great Separation” from God. Working within both psychological and spiritual paradigms, this one day seminar will ask participants to explore several “portals” of access to re-connection (primarily Christian and Buddhist) with the Sacred.

The underlying theme of this day will be the encouragement of trust in a God whose Heart is both tender and responsive. This suggestion will be made regardless of what our personal history or the current conditions in our lives may be. The focus of the seminar will be upon “user-friendly” and practical options planned to support a daily spiritual practice (personally designed rather than prescribed by another).

Suggested reading (highly recommended *prior* to the seminar): *The Human Condition* by Thomas Keating and *Love Poems from God*, edited by Daniel Ladinsky

The presenter, Dr. Kent Hoffman, is a psychoanalytic psychotherapist and researcher who has spent the past 35 years exploring issues of human suffering and the nature of God. He has worked extensively with prison inmates, terminal cancer patients, sexual abuse survivors, the homeless, and is now a part of the internationally acclaimed *Circle of Security Project* focusing upon treating attachment problems within high-risk families. As a lifelong Christian with over 30 years of experience with Zen Buddhism, Kent has focused his adult life on finding practical ways to experience meaning within the context of what Thomas Merton calls “our hidden wholeness.” The issues raised in this seminar are meant to provoke and to challenge, while at the same time to soothe and comfort those for whom the search for the Sacred is often painful and unfulfilling. At the same time, those with a strong sense of faith can expect new options in their journey toward and with God.

Dr. Hoffman is a clinical consultant for attachment related interventions in the United States at the University of Maryland, University of Virginia, Tulane University, and Tamar’s Children (a project in Baltimore, MD utilizing Circle of Security interventions with incarcerated mothers). He is also on the psychology faculty at Gonzaga University and is a training and supervising psychotherapist with the Center for Clinical Intervention at Marycliff Institute in Spokane, Washington. Kent was recently given the Child Advocate of the Year Award by Spokane Head Start and the Washington Children’s Alliance. He is a clinical member of the American Association of Marriage and Family Therapists, the Society for Research in Child Development, and the International Society for Buddhist-Christian Studies.

Where: The Monastery, 15 Cross Road, Glen Osmond.

[For registration or location information contact Peta Conor](#)

When: Saturday August 18, 2007 – 9.30 am to 4.30 pm

[Tel: 08 8379 8292 or](#)

Cost: \$95-00 including lunch. GST included.

[email: hoffmanworkshop@chariot.net.au.](mailto:hoffmanworkshop@chariot.net.au)

[Further information about the training from Pam Linke: 08 8303 1566](#)

To reserve a place, please return this slip with cheque or postal order to:

Australian Association for Infant Mental Health

c/- 26 Sturdee Street, Linden Park, SA 5065.

(Cheques made out to AAIMHI - SA Branch)

Receipts at the door

A One Day Spiritual Retreat with Dr Kent Hoffman 18 August 2007

TAX INVOICE ABN 93045030281

Name: _____ Phone: _____

Organisation: _____ Email: _____

Address: _____

Hardwired

"[I realized that my life] . . . was in the hands of One who loved me far better than I could ever love myself: and my heart was filled with peace." – Thomas Merton

We are all hardwired for relationship. (Actually, we're hardwired for love, but then I get ahead of myself.) In reality, we're hardwired for lots of things that have to do with relationship, protection (knowing we are safe and secure), affirmation (knowing that we are wanted and delighted in) being two of the most central. When protection and affirmation are present, and we know this in our bones, we experience something that all of this hardwiring seems to aim us toward: trust. Trust (knowing that it is safe to openly share need; knowing that need will be responded to) is at the heart of what we all most require. We are also hardwired for something that will happen reflexively should a positive relationship (with delight and trust not being very accessible) not be the case. We are hardwired for self-protection. It really is that simple. Give us a sense of trust in relationship and we tend to feel safe and secure. Deny this sense of trust (and the affirmation that underlies it) and we will feel unsafe and find ourselves doing the heavy lifting required in an attempt to make ourselves feel somewhat safe and secure.

On the personality level, self-protection is the birthplace of the protective self: the "I'll take control and figure out the best way to feel safe in an unsafe world" self. When genuine safety and affirmation aren't available – when trust is denied as an open possibility – we have no choice but to turn to a built in mechanism for finding a way to pseudo-safety and pseudo-affirmation. Limited, yes. Distorted, yes. But being hardwired for protection and affirmation, second or third or twenty-second best is better than nothing at all.

It seems that in any conversation about religious (re-connecting) experience needs to focus on these twin issues of trust and self-protection. It seems that these are, somehow, the dueling paradigms of our existence in this life. As I survey my own life, the most alive people I have known (the most vital, vibrant, grounded, stable, genuinely affirming, authentic, peaceful, altruistic, i.e. loving) have been those whose focus has shifted away from self-protection and toward trust. In every case, the deeper the trust, the deeper the capacity for authenticity, stability, and love. And, with few exceptions, these were not people who started out in life feeling that it was a safe and trusting experience. Many, in fact, had very difficult personal lives during the years of their upbringing. Painful, harsh, with a noticeable lack of affirmation and protection. Even so, they have found a way to approach life with deep peace and deep trust. In each case, this capacity came from an expanding of the equation regarding where trust might be found – beyond the personal to the transpersonal, a shift from a wounded past to a sacred present, in which resource and deep responsiveness were to be found.

To cut to the chase, for those of us who didn't start out trusting all that well, for whom the creation of a protective self seemed like the only real option available, how do we find our way into a world we may know very little about? How do we discover what it means to trust? That is, how do we expand the equation and find a kind of connection/reconnection that can be experienced in a way that – until now – has not seemed possible?

Welcome to the human dilemma. This is the world where attachment and spirituality are joined: a journey of mystery, struggle, confusion, anguish, hope, surprise, and opening. It is a world where certainty is no longer an option, but where trust – deep trust – can be born.

Kent Hoffman

Marycliff Institute, Spokane, WA, April, 2005

Future events

Association of Neonatal Nurses of NSW

18 th Annual Conference

Connecting Babies, Parents and Nurses

26 - 27 October 2007

Crowne Plaza, Darling Harbour, Sydney

Abstract deadline: 13 July 2007

See: www.acnn.org.au/conferences

Advance Notice

AAIMHI National Conference 2007

When Minds Meet: Pausing,

Connecting, Relating

31 October – 3 November 2007

Novatel, Sydney Olympic Park

Queen's Birthday Honour 2007

Professor Bryanne Barnett AM

School of Psychiatry, UNSW

Chairman, Board of Directors, Karitane, caring for families.

Senior Perinatal and Infant Psychiatrist

Sydney South West Area Health Service

Bryanne Barnett received the honorary award of Member of the Order of Australia in recognition of her services to psychiatry and to the community through research and development of intervention programs and services in the areas of infant, child and adolescent and maternal mental health and well-being, in addition to her contribution to professional organisations.

AAIMHI congratulates Bryanne on receiving this well-deserved honour.



Book Review

IVF and Ever After: The emotional needs of families

Nichola Bedos

Rockpool Publishing 9 July 2007.

Available at all good book stores and www.rockpoolpublishing.com.au

RRP \$32.95

"I had wanted babies so desperately and for so long that I really didn't know why I wasn't on Cloud 9." (IVF mum)

As professionals, we used to consider a successful pregnancy through IVF was all the treatment that was required for a couple who had faced the devastation of a diagnosis of infertility. After all, a babe in arms is what was longed for, thought about, and dreamed of often for many years.

Groundbreaking research made available earlier this year by Dr. Karin Hammarberg, Research Fellow at the Key Centre for Women's Health in Society at the University of Melbourne, shows this view to fall very short of the complete picture. "Women who take longer to conceive, go through more treatment cycles and have miscarriages, have lower levels of confidence when they go home with their new babies," reports Dr. Hammarberg. "The lengthy process of relying on technology to do what their body can't really takes a toll," she concludes.

After working with families created through IVF for six years, I agree with this view wholeheartedly. IVF parents

are some of the most dedicated caregivers I have ever come across, willing to do absolutely anything for this miracle life they have created. However, the degree of care and concern that parents feel the need to give has implications for parents' own wellbeing.

I wrote *IVF and Ever After* earlier this year after working with more than twenty IVF families from all over Sydney, for both IVF families and the professionals who treat them. Whilst every case has its own unique characteristics, most parents seem to struggle with very similar issues:-

How do I trust myself and others to look after a life so precious considering the effort required to conceive?

What is 'good enough' parenting?

When is this wonderful dream suddenly going to turn into a nightmare?

As infant mental health professionals, we need to be aware of these vulnerabilities in new IVF parents and

to support families to develop the skills to manage the inevitable anxiety that arrives with assisted conception. A listening ear in the early weeks provides a welcome relief from the worries that surface. Parenting knowledge helps parents understand what their care provides and thus how much care is sufficient to raise a happy, healthy child. Self-care techniques also help new parents remember that their own wellbeing is just as important as that of their baby. Information regarding disclosure of IVF to a child, donor issues, surrogacy and same-sex parents is also included in the book as a necessary part of the IVF process.

Humankind never expected to be able to create new life within the confines of a glass tube. Now that we can, these tiny miracles and their parents deserve the very best care and support we can possibly provide.

Nichola Bedos