BABIES IN MIND

RUNNING WORKSHOPS FOR PARENTS AND CAREGIVERS

PROMOTING MENTAL HEALTH AND WELLBEING OF PARENTS/CAREGIVERS AND THEIR BABIES

"It is easier to build strong children than to repair broken men"
Frederick Douglas

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INTRODUCTION

Welcome to *Babies in Mind*. From the beginning of 2023, the content of the *Babies in Mind* workshops will be open access - freely available for use by mental health professionals anywhere. The objective is to promote mental health and well-being more widely. Online accessibility to knowledge and information is one of the great benefits of the 21st century. Please use this content wisely, ethically and with professional care. Mental health during the perinatal time can be highly precarious, especially for mothers. Health practitioners, psychologists and counselors should always practice within the scope of their training and professional registration. Clinical supervision is advised, especially when difficulties arise in the context of working with mental vulnerability.

THE BACKGROUND

What is *Babies in Mind*?

The *Babies in Mind* service was started in Cape Town in 2012. It is based on the book, *Babies in Mind*, written by clinical psychologist, Jenny Perkel, and published by Juta Books in 2007. There is a strong primary health care intention behind the service. Linked to this are the three main objectives of *Babies in Mind*:

- Prevention and treatment of mental illness in new parents - particularly postnatal depression in new mothers - through psychotherapy, emotional support, guidance, psycho-education and psychological screening

- Prevention of future mental illness in infants due to a focus on the development of a healthy parent-infant relationship and deepening conscious awareness about babies' psychological needs

- Promotion of mental health in parents and their babies

Babies in Mind is an attempt to promote infant mental health, provide psychological support to parents and optimize and facilitate the parent/infant relationship. It is also an attempt to connect new parents (the public) with psychotherapists who are appropriately trained, skilled clinicians. *Babies in Mind* aims to educate and guide parents and early caregivers about the psychological and emotional needs of babies. It provides support and guidance around issues such as bonding, feeding, sleeping, crying, parenting styles, maternal stress and postnatal depression.

Why *Babies in Mind*?

Targeting *infancy* and *toddlerhood* provides the opportunity to start addressing mental health issues early in life, establishing the foundation for a mentally stable person, and hence a more stable future for our society. Early parenting is crucial for a child's development, and a healthy parent-child relationship reduces the risk of later mental health challenges, including depression, anxiety and substance abuse.

Mental health rests on the foundation of infancy. Empathic and attuned parenting, together with an optimal bond - secure attachment - between parents and their babies are crucial for psychological development. These factors facilitate in the infant the establishment of trust, emotional security, and later psychological and psychiatric health. Optimal parenting patterns - where the primary caregivers are aware of and responsive to the psychological needs of their children - begin during infancy or even before. Some of the mental instability that effects children and adults in our society could be prevented if new parents and early caregivers were given the psychological education and emotional support that they need during the first year of their children's lives.

Why target early parenting and infancy?

Some of the mental health issues that impact on society have their roots in infancy and have been linked to early parenting. For example, U.S.A psychiatrist and infant mental health specialist, Prof Arnold Sameroff, has described the dynamic cascade model of substance abuse. Going back through the levels of the cascade, the best predictor of substance abuse – at the very core - is early parental problems. This in turn is the best predictor of early behaviour problems, which in turn is the best predictor of early child peer problems, which in turn is the best predictor of adolescent parenting problems, which in turn is the best predictor of adolescent parenting problems, which is the best predictor of substance abuse (Sameroff, 2012). This can be generalized to other forms of mental illness.

The early screening and treatment of mothers with postnatal depression is an important part of the rationale behind consulting with new mothers. Many authors, such as Emanuel (1999) have highlighted the need for early detection and intervention in mothers at risk of postnatal depression. According to Emanuel (1999) the impact of postnatal depression on the child's emotional, social and cognitive development is significant because of the implications for mother-child interaction.

Experiences during infancy constitute the building blocks of the personality and the psyche. "Subsequent events may modify, or even alter, these early patterns of relating, but infancy constitutes the foundation for the way in which the developmental process unfolds, functioning as a model for the child's later relationships with family, school and the wider world" (Margot Waddell, 1998).

For decades psychologists have argued that emotional disturbances during infancy and early parenting problems are linked to psychological problems later in life. However, we have not always been very efficient in providing measurable, scientific evidence for this. But neuroscientific research is now providing

quantifiable evidence which proves that infants who are not receiving the correct quality of parenting are at substantial risk for mental illness later in life. For a more comprehensive account of this, see *Why Love Matters* by Sue Gerhardt (2004).

Infant brain research

Experiences (the day-to-day environment) during the very early months of life shape the brain, the nervous system and the mind of the individual (Gerhardt, 2004). Neuroscientific research now reveals that adverse experiences (including persistently difficult parent-infant interactions) causes lifelong alterations in brain functioning (Solms and Turnbull, 2002). Prolonged, high stress during infancy (possibly related to poor parenting) disrupts the HPA axis and leads to heightened vulnerability to stressors throughout life, with an increased risk of certain psychiatric disorders such at PTSD, depression and anxiety.

By focussing on infancy and early parenting, *Babies in Mind* addresses the promotion of mental health and prevention of mental illness issues at the very beginning.

Research and evaluation of the project and the workshops.

Some research on the *Babies in Mind* workshops has been done, with highly favourable results. Please contact Jenny Perkel directly should you wish to discuss this further. Further research and evaluation initiatives would be most welcome.

The psychoanalytic framework and *Babies in Mind.*

Babies in Mind, the book, is based largely on psychoanalytic thinking. Researchers and clinicians such as Lazarus and Kruger (2004) have discussed the applicability of using the psychoanalytic model out of the consulting room.

Bringing psychoanalysis out of the consulting room and into the broader community is essential in order for it to be relevant in our society. Landman et al (2012) give the example of a case of a young and unsupported mother who is struggling with her baby and would benefit enormously from an early intervention using the psychoanalytic model, to enable healthy parenting. Such an intervention can prevent the development of potentially serious psychiatric mental health problems in both herself and her baby. The authors comment that by lessening the risk of harmful maternal behaviour - linked to her state of mind - such as emotional withdrawal, neglect or abuse of her infant, an intervention based on the psychoanalytic model can mediate the potential development of a myriad of serious consequences. According to Lazarus and Kruger (2004) psychoanalysis rests on the belief that while we live in a social context, the social context also lives in us.

A rough guide to working with infants and their parents

Babies in Mind is not a replacement for training in parent – infant work. It should be an additional component to the necessary training and supervision that should go hand in hand with this highly specialized area of work. Should you wish to be referred to an experienced supervisor or training program in your area, contact Jenny Perkel and she will try to make a suitable recommendation.

New parents seem to want answers and solutions to their specific problems from psychotherapists. They will often contact a psychologist when they hit a crisis, and the urgency of the situation can feel pressing.[1] The therapist is often asked for direct advice. For example, 'Why is my baby spitting up his food and refusing the breast?' Knowing what we know as psychotherapists, our reply might be something like, 'Well, let's spend some time thinking about that, and getting a

[1] More often than contacting a psychotherapist, new parents have been inclined to seek help from various other people, including chiropractors, occupational therapists, sleep trainers and nurses. *Babies in Mind* attempts to raise public awareness about the relevance and value of a psychotherapeutic approach to difficulties that arise during infancy.

sense of what he might be trying to tell you'. That doesn't always go down very well with new parents whose anxiety levels are high and whose ability to tolerate frustration is low, often complicated by the harrowing effects of sleep deprivation.

Working with infants and their parents requires you to draw on all your previous clinical skills and theoretical knowledge, especially from a psychodynamic perspective. Nicola Dugmore has written about the 'Good Grandmother Transference' in relation to infant work, and this is certainly a significant factor. Parents often need help to feel empowered and confident in what they can offer their babies – rather than engaging in issues that are associated with the negative transference. Forming an alliance with the parents is the crucial first step and it is unlikely that any valuable work can be done without that in this field. New mothers are highly vulnerable to feeling judged and criticized, and feeling as though they are getting it wrong. So a perinatal psychotherapist has to tread a fine line. On the hand, his or her job is to help parents to develop confidence and trust in their own ability to see to their babies' needs, and it is also to help the parents to see where they are going wrong or to see what has until now been out of conscious sight.

If you are able to view the parents as your ally in helping the baby with whatever the presenting complaint is, it gives them a feeling of competence and allows them to draw on their internal resources without feeling too judged. This means that, hard as it is, it may be helpful to identify with the parent, even though as psychotherapists we very often feel more identified with and empathetic towards the child or the baby.

Infant mental health can be a highly rewarding and satisfying area of work for a psychotherapist. It is well known to have a powerful impact. Subtle shifts in parental attitudes and approaches can have a long-lasting and profound effect on the baby. If we at *Babies in Mind* can be part of this kind of transformation in the lives of babies, young children, families and the broader society, then our work

as psychotherapists has profound meaning and purpose. All of us are involved in this work because we believe in the importance of mental health. When we try to intervene with the problems of infancy, we address mental health at its very foundation. We are providing our services at the beginning of a life and hopefully paving the way for an optimal future for that child.

WORKSHOPS FOR PARENTS AND CAREGIVERS

5 GOLDEN RULES

- Support the mothers (or caregivers) and parent couples and encourage their natural ability to care for their babies. Empower them and help them to see the obstacles (sometimes unconscious) to giving their babies what they need.

- Observe and identify the states of mind of the parents and caregivers. Be alert to signs of depression, anxiety, addictions, suicidality, homicidality and relationship problems. Refer for individual psychological or psychiatric assessment where necessary and seek supervision when required.

- Refrain from judging or criticizing mothers, fathers or their babies. Be aware of the intense sensitivity that mothers may feel about being thought of as a *bad mother.* Don't over-identify with the baby but keep the baby in mind as much as possible.

- If there is any doubt about the baby's health, encourage the parents to consult with a paediatrician.

- Don’t insult/criticize/judge any other parenting approach/book/expert. Each approach to parenting has some value, and different approaches appeal to different people. Parents tend to follow a parenting style that fits with their personality - and their pathology – and it is usually futile to challenge them on their choice. Do not criticize or judge mothers who cannot or choose not to breastfeed, although try to encourage breastfeeding when possible and appropriate.

AIMS AND OBJECTIVES OF *BABIES IN MIND* WORKSHOPS

- The workshops should aim towards **building the parents' confidence and self-esteem.**

- The workshops should be enriching, informative and they should provide an **opportunity to connect and feel understood** by other parents.

- The **mental health** of the parents should be a priority for the practitioner. Any signs of mental illness should be addressed.

- Parents should be helped to develop a **better understanding of their babies' psychological needs.**

- Parents should be helped to understand more about the obstacles holding them back from forming a **secure attachment** with their babies.

- Parents should develop an understanding about the importance of their babies learning how to **trust**!

- Parents should be encouraged to **get to know** their own babies, and let their **babies be their guides** to parenting.

- The workshops should be growthful and **meaningful.**

- Parents should be helped to see that there is **no single rulebook** of parenting. Each parent needs to find her own way and what is right for her particular child and the whole family.

GUIDELINES FOR CONDUCTING *BABIES IN MIND* WORKSHOPS

PRACTICAL ISSUES

- The workshops are designed for parents, caregivers, nannies, grandparents and creche workers. **Mothers** are more likely to attend, with or without their babies. Fathers are very welcome, but they often are not available to attend these kinds of workshops. They should, however, be strongly encouraged to attend the specific workshop on *Fathers*.

- **Fathers** should not be pressurized to attend the *Babies in Mind* workshops, as this would compromise the process. However, their level of interest before the workshops should be explored, and they should be invited to attend, should they wish.

- The workshops are designed primarily for mothers, but if other caregivers attend, **minor adjustments** can be made accordingly by the practitioner.

- A **series of ten** *Babies in Mind* workshops has been compiled. The practitioner can choose the order of workshops and whether or not to divide them into a part 1 and part 2, with five workshops in each part.

- The **recommended time** is two hours for each workshop, but the practitioner can use her discretion and adjust the time as she desires.

- It is recommended that **refreshments** be served, such as tea, coffee and biscuits/cake.

- It is recommended that **childcare** (a nanny) be offered in the same room as the workshop (or in an adjacent room).

- Mothers and fathers should be allowed to **bring their babies** if they wish, but should they prefer to leave them at home, that is perfectly acceptable. Some parents appreciate the opportunity to get away from their babies so that they can have the mental space to participate fully in the workshop experience

- It may be useful to work with a **co-facilitator**, especially if there are more than four parents in each workshop.

- The **cost** of the workshops is left to the discretion of the *Babies in Mind* practitioner. It will depend on the location of the workshops and the income level of the parents attending. A guideline may be approximately one quarter to one third of the price one would expect to pay to a mental health professional for a one hour (50 minute) private consultation.

- It may be helpful for the practitioner to develop a network with the **postnatal clinics** and the nursing sisters who work in and run these clinics. This gives the opportunity for **free advertising**. It may be wise to

use the postnatal clinic venue to run the workshops. This is often cost-effective for the practitioner and easy and familiar for the parents.

- Workshops can be advertised in the **Events** section of the *Babies in Mind* Facebook page if required.

- It may be wise to run workshops as a single event at first as it takes the public some time to make a commitment to a more lengthy process of attending a whole series of workshops.

- The workshops can be run with **any number of participants**. The nature and to some extent the content of the workshops will differ according to the amount of parents attending. The practitioner can use her discretion about how many people she would prefer to work with at a time.

- Do not allow the workshops to deteriorate into a **battle between people who hold different ideologies** about babies and parenting. The acceptance of difference and variability between participants is crucial.

- Practitioners should get **written or verbal feedback/evaluation** from the participants at the end of each workshop and at the end of the series of ten workshops. This will inform practitioners about future workshops and how they can be improved upon.

- Certain medical aid packages will pay for these workshops if they are claimed as **group therapy** and if there is a suitable ICD 10 diagnosis. Offer this to participants as an option if they are interested in claiming back from their medical aid after having paid you directly for the workshop.

CONTENT OF WORKSHOPS

- The ***Babies in Mind* book** should be used as the basis of the workshops. A digital copy of the revised second edition of *Babies in Mind* can be bought online here. Print copies of the book (first edition) are also available for purchase online. Alternatively, please e-mail Jenny Perkel for any book purchases: jenny@perkel.co.za.

- The suggested **layout and content** of the workshops are outlined in this manual, but the practitioner has the right to be flexible about what to include or exclude of this content.

- Each participant should be given an **opportunity to talk.** Very talkative participants can be extremely helpful, but practitioners may need to intervene at times to get a **balance of discussion** going. For example, "*Andrea (talkative participant) has raised such an interesting point about leaving babies to cry. What do others have to say about that*?"

- Besides introducing the questions and subject material, practitioners should not feel pressure to generate the content of the workshops. **Encourage participants to carry most of the conversation**.

- Try to get **each participant to contribute,** although recognize that some people are extremely anxious about talking in groups and they may be much more comfortable listening rather than talking.

- Practitioners should **not over-prepare** for the workshops.

- Practitioners should be **open and receptive** to whatever comes up in the workshops that is generated by the participants. Let the participants take the lead where possible, although staying broadly with the outline of the workshops in order to give it **structure**.

- **Discourage participants from judging one another**. Intervene where necessary to remind participants that the purpose of these workshops is to **support and encourage** one another and ultimately to feel better about being a parent, not worse. Examples of areas of criticism and judgement would be leaving babies to cry, behaviours related to sleep and routine, and breastfeeding. Remind participants that nobody has found the Holy Grail on how to do the parenting thing. Most parents are just trying to do the best job they can. Support rather than criticize.

- Recognize and communicate to participants that parents usually do what they to do to **save their own sanity**.

- Get participants **talking and sharing** their experiences!

- Take care **not to let the workshops become too academic**. If the conversation moves in that direction, the practitioner can suggest relevant background reading of certain theorists (see reference list at the back of *Babies in Mind*), but the focus of these workshops should be the unique experiences of the caregivers and their babies.

- Practitioners should try to refrain from allowing participants to get **caught up with details.**

- Help participants to see that they and their babies are unique and that they **don't need a guru** to tell them what to do and how to parent.

- Where the workshop content involves input by the practitioner, once this input has been given, participants should be **invited to comment** about it from their personal experience with their babies.

- When the content of the workshops involves asking a question, where appropriate and using her own clinical judgement, **the practitioner may suggest that she starts** (to get the process going) by telling about her experience (either personally or professionally) of that particular question.

- Where possible, the practitioner should **adjust her style** according to the needs and the feedback of the participants of each workshop.

- The **practical information and knowledge** is in the book and in the articles attached to the manual. The articles can be photocopied and provided to participants if the practitioner wishes to do so. The book, *Babies in Mind*, may not be photocopied, according to copyright law. But it is recommended that the workshops lean towards **being experiencial rather than scholarly.**

- At each workshop, make sure you have brought enough **copies of the relevant readings for the following workshop for each participant,** as well as any additional instructions or rating scales for the following workshop**.** For example, participant baby photos for the ice-breaker in workshop 9.

- Caregivers – mothers in particular – **need to be cared for, nurtured, supported and contained.** Hold this in mind in preparation and throughout the workshops.

- Keep in mind the importance of the **good grandmother transference** in working with new mothers. (See Dugmore article in the reading list below)

ADDITIONAL INFORMATION FOR *BABIES IN MIND* WORKSHOPS

- *Babies in Mind* (the book) is available online as a **revised second edition.** The link can be found online The changes that have been made are as follows: In terms of parenting styles, the first edition of the book rests rather heavily on the *facilitator* side of the continuum as opposed to the *regulator* side. The complexities of Joan Raphael Leff's work on the four different styles of parenting has been totally excluded from the first edition, but it has been included in the second edition. The article in this training manual about facilitators and regulators should thus accompany the relevant workshop and participants can be provided with this reading material, preferably before the workshop.

- Practitioners should remember that it usually is futile to attempt to **change facilitators into regulators** and vice versa.

- In the case of extreme facilitators/regulators, an attempt could be made to encourage the parent to move into the **centre of the continuum**, which is the more psychologically healthy position.

- Practitioners should try **not to focus on their own performance** regarding these workshops. Put the focus onto the participants. People love to talk, especially about themselves and their babies.

- It is advisable to ask all **participants to complete a questionnaire** before the workshops begin. A draft of the questionnaire is included below, and the practitioner may photocopy and use this, or she may draft her own questionnaire, according to her own clinical judgement.

QUESTIONNAIRE FOR BABIES IN MIND WORKSHOPS PARTICIPANTS (MOTHERS, FATHERS OR CAREGIVERS)

NAME OF CAREGIVER ATTENDING THE WORKSHOPS

AGE

HOW DID YOU HEAR ABOUT *BABIES IN MIND*?

OCCUPATION (CURRENTLY WORKING/NOT WORKING)

MARITAL STATUS

DO YOU SUFFER FROM ANY PHYSICAL ILLNESSES? (GIVE DETAILS)

ARE YOU ON ANY MEDICATION OR TREATMENT? (GIVE DETAILS)

DO YOU SUFFER FROM ANY MENTAL ILLNESSES, INCLUDING POSTNATAL DEPRESSION, DRUG/ALCOHOL ADDICTIONS AND ANXIETY? (GIVE DETAILS)

WHAT IS YOUR BABY'S AGE?

PLEASE GIVE THE DETAILS OF YOUR OTHER CHILDREN, IF ANY

DOES YOUR BABY SUFFER FROM ANY ILLNESSES OR DEVELOPMENTAL PROBLEMS? (GIVE DETAILS)

DO YOU HAVE ANY CONCERNS ABOUT YOUR BABY? (GIVE DETAILS)

WHAT WOULD YOU LIKE TO GET OUT OF THE *BABIES IN MIND* WORKSHOPS?

WORKSHOP OUTLINE

Workshop 1: Getting to know your baby

Workshop 2: The stressed out mother

Workshop 3: Facilitators and regulators

Workshop 4: Sleep problems

Workshop 5: Attachment and separation

Workshop 6: High need babies

Workshop 7: The importance of fathers

Workshop 8: When your baby cries

Workshop 9: The feeding dance

Workshop 10: The importance of trust

WORKSHOP 1
GETTING TO KNOW YOUR BABY

- **Introductions:** This goes in three cycles (around the group) and it should take at least half an hour, preferably an hour.

    i. Introduce yourself (including the practitioner) and describe the person you were before your baby was born
    ii. Describe the person you are now that you are a mother
    iii. Describe your baby, including name, age, gender and what she is like (temperament)

- **Expectations**: Each participant should be given the opportunity to say what she hopes to achieve from the *Babies in Mind* workshops.

- **Practitioner input:** Epigenetics. The practitioner should explain how the debate between **nature and nurture** has evolved to an understanding nowadays that *potential* is carried in the genes, but this potential is activated - or not activated – by the environment. Say something like this, "Your child might have the genetic potential to be a genius (like you) but that potential needs to be nurtured in order for it to be realized. Unless he is given the right opportunities, the potential remains just potential. The same is true for many illnesses, including mental illnesses. A child whose parent has a serious mental illness may be more likely to develop that same illness, but if the environment in which she grows up provides her with what she needs psychologically, she probably won't develop the mental illness. But babies are not all born the same. They seem to be born

with a specific temperament that often, in some ways, stays fairly constant throughout life."

- **Break for tea and cake**

- **Group discussion**: Each participant should discuss how it's going with the baby and how she feels her baby is managing in general. What kind of difficulties is the baby experiencing?

- **Group discussion:** The practitioner should ask this question and give each participant the opportunity to respond. "What is it like to be the parent of *your particular* baby?"

- **Group discussion:** How is parenthood different to what you had expected it to be before your child was born? How does the experience compare with your expectations?

Practitioner: Give copies of *workshop 2* article to each participant in preparation for the following workshop.

WORKSHOP 2
THE STRESSED OUT MOTHER

Background reading: Part iii of *Babies in Mind*
Article: *Why having a baby can be psychologically challenging*.

Practitioners should take along enough copies of the EPDS (see below), plus pens for participants to fill out the questionnaires. The scoring is extremely simple and self-explanatory, but familiarize yourself with each scale and its scoring before the workshop and be present and willing to help with scoring where necessary.

- **Exercise**

  Edinburgh Postnatal Depression Scale (EPDS)

  Allow time for participants to complete and score the scale.

- **Group discussion:** Participants are invited to **discuss how they are feeling inside of themselves** and how their feelings match their scores. A good way to introduce this topic is, "Sometimes it feels so wonderful being a parent, but sometimes it can feel hard at the same time. Let's talk now about how you are all feeling inside. The postnatal depression scale can be used as a guide to how you are managing. Please feel free to use these scores and the actual questions in the scale when talking about your feelings."

- Note to practitioners: This is your opportunity to pick up on mothers who are not coping emotionally and who may be suffering from postnatal

depression or anxiety. Please refer participants to their medical doctor, for psychotherapy or for a psychiatric evaluation where necessary. It may be wise to make these suggestions after the workshop has ended so as not to draw too much attention to the individual, but you can use your clinical judgement to make this decision.

- **Break for tea and cake**

- **Practitioner input:** Give a short description about the **psychological basis for depression and anxiety**. That is, loss and unexpressed/unacknowledged anger usually underlie both anxiety and depression, although for each person there is a specific meaning that is unique to their own condition. Outline the losses that go hand in hand with motherhood and the level of self-sacrifice that motherhood involves. Also, for those mothers who have complicated relationships with their own mothers or if their own mothers are absent, the journey of early motherhood is particularly challenging. New mothers need to be looked after and nurtured.

- **Group discussion:** The practitioner introduces a discussion about the importance of **support networks** in maintaining and improving mental health. Socially isolated people are more likely to become depressed and depressed people are more likely to isolate themselves and withdraw from people. Taking care of a baby can be isolating, but there are ways to connect with other mothers and get support. Each participant should be encouraged to discuss the strength and quality of their own support system.

- **Group discussion:** Each participant should discuss her own **coping strategies** or what she does in order to try to feel better when she is feeling down or depressed. The idea is that participants share useful tips and experiences with one another and that they empower themselves to find strategies to manage the difficult times. This should be a constructive discussion and a means by which participants can draw strength from one another.

Practitioners: Give a copy of *workshop 3* article to each participant.

The Edinburgh Postnatal Depression Scale

(Cox, Holden and Sagovsky, British Journal of Psychiatry, 1987)

1. I have been able to laugh and see the funny side of things.

- 0 As much as I always could
- 1 Not quite so much now
- 2 Definitely not so much now
- 3 Not at all

2. I have looked forward with enjoyment to things.

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

- 3 Yes, most of the time
- 2 Yes, some of the time
- 1 Not very often
- 0 No, never

4. I have been anxious or worried for no good reason.

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

5. I have felt scared or panicky for no very good reason.

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

6. Things have been getting on top of me.

- 3 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped quite well
- 0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

- 3 Yes, most of the time
- 2 Yes, sometimes
- 1 Not very often
- 0 No, not at all

8. I have felt sad or miserable.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Not very often
- 0 No, not at all

9. I have been so unhappy that I have been crying.

- 3 Yes, most of the time
- 2 Yes, quite often
- 1 Only occasionally
- 0 No, never

10. The thought of harming myself has occurred to me.

- 3 Yes, quite often
- 2 Sometimes
- 1 Hardly ever
- 0 Never

The total score is calculated by adding together the numbers you circled for each of the 10 items. The higher the score, the more likely it is that you may be depressed.

WHY HAVING A BABY CAN BE PSYCHOLOGICALLY CHALLENGING

Talk delivered at the Cape Town Society for Psychoanalytic Psychotherapy

Public lecture: 12 August 2010

By Jenny Perkel (clinical psychologist)

- Having a baby is almost always a love affair of the heart for the mom and the dad, but it can also be an assault on the body and the mind of the new mother. It is a beautiful and wonderful thing, but it can sometimes feel traumatic, overwhelming, frustrating, depressing and frightening.
- A woman I know who has 3 grown up children and a grandchild on the way said to me, "*everyone is so excited and happy when a 1st pregnancy is announced, but I just want to say, 'oh shame, you poor thing…you have no idea what you're in for…but of course I don't say that…I just say, 'congratulations and pretend to be delighted as well*"…
- Lots of people will own up to the 'best kept secret' that babies are sometimes hard and parenthood, particularly motherhood can be grueling (at the same time, of course, as being the best thing in the world)

- Women are more likely to become depressed in the first year after having a baby (and the last trimester in pregnancy) than any other time in their lives
- 10-15% of mothers develop postnatal depression (pnd), and in developing countries and poverty stricken areas, the figures are much higher
- Research has shown that 1/3 of Khayelitsha moms suffer from pnd
- Suicide is the leading cause of maternal death in developed countries
- The new father can also get depressed and a lot of what I'm going to be saying applies to fathers as well. Often dads feel left out when babies come along. Don't leave out the dad!

- At the same time, often the mom is the primary caregiver and she is more involved with the baby than the dad. She might be breastfeeding and she might be doing the lion's share of the baby-care. So inevitably she is going to be the one who struggles more with certain aspects of parenthood.

- New parents have to do lots of difficult things. One of these is they have to hold in their own minds a large amount of AMBIVALENCE! The good and bad of parenthood. The good and bad about your own baby. Holding good and bad together in your own mind isn't easy at the best of times, but when you're sleep deprived and stressed out by a crying and irritable baby, it can feel extremely challenging.
- Ambivalence will come up time and time again this evening. It characterizes the early parenthood experience and it is extremely confusing for parents. This, and Much of what I'm talking about this evening is based on the work of Donald Winnicott, the paediatrician, child psychoanalyst and pioneering researcher of infant mental health
- Struggling moms will often split their emotions, leaving their babies unscathed by any bad feelings. For example, they might say, "I'm loving the baby, but I just can't understand why I'm having panic attacks" or "My baby is perfect but my husband/mother-in-law/older child are driving me mad". The baby is protected..and left idealized.
- It's so hard to feel frustrated, disappointed, confused, depressed and anxious when you're expected to be blissfully happy, and the media contributes to this problem by perpetuating a lie about motherhood and babies…pictures of young, beautiful, skinny, model mothers, and bouncy, smiley, contented babies. There are relatively few pictures in baby magazines of the graveyard shift, mothers looking and feeling like hell, trying to soothe an unhappy baby, trying to breastfeed a screaming baby who can't seem to latch, etc

- In the context of this fairy tale, idealized image of how motherhood and babies are supposed to be, the reality can feel like a huge let down. Very disappointing. A betrayal.
- The Cape Town couple, Lisa Lazarus and Greg Fried co-wrote “The book of Jacob” which, unlike most other books about babies, is an honest, frank description of the hell they experienced during the first year of their son’s life. Although loads of people have loved this book and find it a huge relief that others too struggle with parenthood, Lisa and Greg have received *hate mail* from outraged readers who couldn’t bear the fact that these brave parents owned up to how hard it can be having a baby. In writing this book, they shattered the image of the perfect, idealized baby. It’s a book that I almost always recommend to the patients I see who suffer from pnd.
- The truth is that real babies inevitably disappoint their moms …especially sick babies, colicky or refluxy babies, unplanned babies, high need babies who cry a lot and are irritable and difficult to soothe, babies who don’t feed well, and babies who are abnormal or handicapped in some way
- It’s very disappointing when you realize that your baby can’t meet your own unmet needs. He won’t be everything you want him to be. Sometimes he won’t even be very loving, and he might cause you terrible embarrassment and shame when he screams blue murder in public no matter what you do to console him
- All of this can make you feel anger and resentment towards your baby
- Again, this goes hand in hand with an intense bond of love for the baby, and a fierce protectiveness that makes it feel very alarming and disturbing for moms when they start to feel frustrated and angry with their babies
- To take the ambivalence one step further, moms can start to feel decidedly fed up and aggravated with their babies when it becomes clear that motherhood goes hand in hand with a substantial number of significant losses.

- When you become a mom, especially for the first time, you stand to lose a lot of things: for example,
- 1)your sense of self and aspects of your identity…your own life takes a back seat; The level of self-sacrifice is very high, and this can feel extremely traumatic for some women,
- 2) your freedom and personal space and time,
- 3) your status and credibility (motherhood is undervalued and being a career woman is considered more worthy in our society),
- 4) exclusive access to your spouse (you now have to share one another and babies usually scream louder and are more demanding),
- 5) your sexuality and physical appearance…there's no time or energy for make up/hairdresser/nice clothes and most moms would rather sleep than have sex),
- 6) your career and financial freedom and independence and hence your marital equality (causing moms to feel disempowered), and your
- 7) energy levels are compromised and you can often do very little except take care of the baby
- 8) sleep. We could spend this whole evening talking about the dramatic consequences of sleep deprivation, and the terrible toll it can take on the mental state of the mother and the father
- Your relationship is under severe strain. Lots of marriages fail under the strain of a baby. Usually the mom and often the dad too find themselves so devoted to the baby (and this is the way it should be), that they start to feel quite neglected by one another. The parents fall in love with the baby, and sometimes fall a little out of love with each other. Often the dad feels terribly left out, as if there is no place for him in the close bond between the mom and baby. Some dads withdraw when they feel unwanted or unneeded, and this makes the problems even more complicated. Both parents (particularly the mother) can displace their own frustration and aggravation with the baby onto the dad (the other parent). So instead of

getting cross with the baby, the mom can put all her anger onto her partner.

- Motherhood can also be like a sledgehammer to your mental health because of the emotional strain of holding in your mind the fragmented and incoherent pieces of your baby's mind. It's often more difficult for the mother than it is for the father because she is more likely to be the primary caregiver.
- So in the context of all these losses, it's not surprising that moms often feel a lot of anger and outrage, towards motherhood and their babies

- The British psychoanalyst, parent-infant specialist and researcher, and author of 'spilt milk' amongst other well known books, Joan Raphael Leff, has coined a phrase "primary maternal persecution" which is a play on the term of Donald Winnicott, "primary maternal preoccupation" (where you can think and talk about nothing else except your baby)
- The first year of parenthood can be a highly persecutory experience. A New mom (especially a first time mom) often feels judged and unsupported. Other people (parenting 'experts', clinic sisters, doctors, new grandmothers, friends and books are telling her how to do this mothering thing, and she can be left feeling as though she is getting it completely wrong. The parenting books contradict one another so if it's a mother who lacks confidence and wants to do the 'right' thing, she will be very confused as to what the right thing really is. Some moms are lucky enough not to care, and they don't read the books. I think they are probably better off. Also, often a new mom will try her hardest to follow the 'rules', only to find that her baby refuses to comply with those rules. He won't sleep through the night, no matter what you do, or he won't take the breast, even though you absolutely know that it's the right thing for him to breastfeed. It can leave you feeling like you don't know what you're doing and you can't get it right, no matter how hard you try.

- Early motherhood can also feel very lonely and isolated…especially in middle class society where most moms work so you have no-one to talk to at the time in your life where you most need friends. You might have noticed that the parks in the mornings are full of babies with their nannies. I guess the moms of those babies are generally at work, or perhaps busy with other things. But I think the nannies are doing something that is psychologically strengthening: they are connecting with other people in the same boat as them.
- It goes both ways with social isolation: depressed people are more likely to isolate themselves; and people who are isolated are more likely to become depressed. Solitary confinement is an excruciatingly painful form of punishment used in the prison system, and sometimes a mother with a young baby can feel like she is in prison at home with no-one around to help her to feel sane when her baby cries
- All these losses and difficult feelings can cause a new mom to start hating being a mother, and even (although I know it feels wrong for me to say the words) hating her own baby at times (although she obviously loves him so powerfully at the same time)…again, the ambivalence.
- New moms can often feel angry, not only with their babies, but also with society in general, an unsupportive or critical network of friends or family or her spouse
- The ambivalence is very difficult to manage psychologically, and she might try to protect her baby and herself from her bad, dangerous, confusing feelings by either repressing her feelings of anger/resentment into her unconscious mind where she literally becomes unaware of their existence; or she might try to get rid of or project her bad feelings outwards onto the outside world or something in the outside world. This can happen to dads too.
- This means that something or someone in the outside world gets loaded with the bad feelings. Perhaps it's the mother in law…or the husband…someone else becomes the rubbish dump…the sacrificial lamb.

This is done unconsciously, probably to protect the baby from being at the receiving end of the mom's anger

- It is really useful to remember that from many psychological perspectives, **aggression/anger/hatred often form the basis of both anxiety AND depression.**
- In order to understand mental illness, you need to accept that underneath the surface you will often find aggression and when you find this aggression, acknowledge it, try to make sense of it, and allow it to be expressed in a manageable, safe way, the symptoms of mental illness should dramatically improve.
- That's why psychologists like their patients to talk to them about their internal and external conflicts in the consulting room (rather than act them out in their lives) and most psychologists have a special respect for aggression and its value in the healing process
- Aggression that starts to become conscious can cause anxiety because it is experienced as threatening to the conscious mind. As you start to become aware of aggression, it can feel like someone has pulled a gun on you. You are in danger so you become afraid.
- When anger can't be processed or tolerated, it can brew and fester inside of the mother. Unconsciously, she can turn it onto herself and hate herself, causing her to feel dangerously depressed. In the same way that you can be so angry with someone that you feel you want to kill them, you can also be so angry with yourself that you want to kill yourself.
- You may have noticed how often depressed people feel guilty. To some extent, it's the anger/aggression that causes the guilt. They literally hate themselves. A depressed mom might feel guilty and bad because she has negative feelings about her baby.
- When the mother projects her aggression outside of herself though, she is more likely to experience persecutory anxiety…where she feels terrified of the aggression/hatred that she has unconsciously directed onto something or someone in the outside world

- The danger and the threat has been thrown out, and it takes on a threatening life of its own that feels terrifying to the mother. This is experienced as anxiety.
- But part of the psychological challenge facing new moms does also come from the baby. Babies are prone to becoming emotionally dysregulated and when they do, they tend to project their wild, unprocessed, crazy, murderous feelings right into their poor mothers
- Babies don't yet have the ability to contain their own intense emotions, so they get rid of them by pushing them outside of themselves. The caregiver (who is often the mother in the early months because there hasn't yet been enough separation for someone else to take over the mothering role) is left feeling the feelings of the baby.
- So the mother is left carrying her baby's mad feelings, and unless she is very together herself, it can leave her feeling quite demented with rage and confusion
- And also, because she can feel as though she's been attacked by her baby, she can feel angry and defensive because she's been hurt. This is all also true for the father, if he is quite involved in caring for the baby.
- None of these experiences are comfortable. In fact, unless you are really tough, this is psychologically destabilising. It's no wonder that so many new moms develop postnatal depression and anxiety.

- Linked to what I've been saying about the parent or the mom's aggression and anger, there is something else that is very hard for a parent to manage.
- The fundamental task of the new parent is to keep her *baby alive*. (Now that's pressure, especially when you love this baby more than life itself.) It is something that the psychoanalytical researcher and parent-infant specialist, Daniel Stern, has talked about a lot.
- For certain vulnerable parents this can feel very demanding and at times absolutely terrifying.

- Certain things bring out the fear of not being able to keep your baby alive. For example:
- 1) separation (leaving the baby with others, going back to work, feeling safe enough to let your baby sleep, etc)
- 2) feeding: when babies struggle to feed, it can drive mothers mad with worry and distress, because deep down they can feel panicked that the baby will die of starvation
- 3) germs and illness…moms have been known not to take their babies out for fear of them getting sick, or they carry disinfectant spray around, or even insist on the wearing of surgical masks if someone is sick around the baby .
- 4) there is an almost universal fear amongst parents of sids or cot death, and the sales of apnoea monitors is evidence of this. Most parents are familiar with the experience of having a sudden concern, and going to the baby's room and checking his breathing
- 5) then there are the general fears of overstimulating babies, understimulating them, or not giving them what they need in some way.
- All these anxieties have supported and sustained a massive industry in baby-care, from books to baby groups to products…all promising that if you do "*this thing*" you will be a good mom and your baby will be safe, healthy and happy.

- Almost all moms are confronted with the challenges I have talked about so far. But some moms are more susceptible than others to losing their sanity or having some kind of psychological breakdown during the first year of their babies' lives. What makes moms more vulnerable?
- A history of previous mental illness, eg, depression, anxiety, a psychotic illness, substance abuse, or eating disorders

- Mothers who were poorly mothered themselves are more likely to reconnect with their own vulnerability when they recognize themselves in their babies' fragile, fragmented states of mind
- Being closely connected to a dependent baby who is often disorganized and lacking in integration can throw a mother into that same disintegrated state of mind that she was in as a baby
- These moms who had dodgy parenting when they were young might be more determined to protect their babies from any kind of harsh treatment, because they don't want their babies to suffer like they suffered as children. The tragedy about this is that these moms then tend to repress their angry/resentful feelings about motherhood, which makes them even more vulnerable to depression and anxiety
- She is so determined to be the all loving, perfect mother that she did not have herself
- The loving support of a spouse is highly protective and can go a long way to helping moms not to go down the horrifying road of psychological fragmentation after having a baby. A really important part of the dad's role in the beginning is to look after the new mother and keep her together.
- Support from friends, family is also protective, as long as it is the kind of support that empowers rather than controls…so those grannies who take over and parent better than the moms themselves are actually not really helping that much
- A planned, wanted pregnancy is obviously going to be associated with less chance of resulting in psychological problems for the mom
- Sufficient resources helps too. Poverty and social problems makes you far more likely to experience psychological problems
- Traumas and losses that happen just before or during pregnancy or post-partum make a mom more vulnerable, as does illness and HIV
- Teenage moms are 200% more likely to develop pnd than older moms

- And of course, not all babies are the same. Having a demanding, high need, or a sick or special needs child are also more difficult to handle and are more likely to result in a depressed, stressed out new mother

- To end off, in the DRC and in other parts of central Africa, if your female relatives notice that you are showing signs of postnatal depression, you may get given a HOT CHILLI ENEMA to help you sweat out the bad feelings
- In South Africa, although there are still people who do not fully understand the reality and the horror of pnd, for the most part it is acknowledged and respected, and it is highly treatable
- If you find yourself struggling as a new mom, see a psychologist or a mental health practitioner who is trained and experienced in this area.

WORKSHOP 3
FACILITATORS VERSUS REGULATORS

Background reading: *Facilitators and regulators* article.

- **Ice-breaker:** Ask participants to pretend they found a **magic wand** that will allow them to change 3 things about their lives. Each participant should tell the group what 3 things she would change. It may be about life in the present, or in the past, and it may or may not involve the baby.

- **Input**: The practitioner should give a brief description of a regulator and a facilitator (bearing in mind the two other styles of parenting, but perhaps not including them in discussion for the sake of simplicity).

- **Group discussion:** Are you a facilitator, a regulator or somewhere in between? (Each participant should be given the opportunity to speak).

- **Input:** *Babies in Mind* (the book) favours the facilitator approach, but the valuable work of Joan Raphael Leff was not included in the first edition. (It has been included in the online second edition). The reason that many psychologists prefer the facilitator approach to handling babies is that it is usually felt that this approach is in the best interests of the infant's future mental health. But somewhere in the middle, perhaps with a leaning towards the facilitator approach is probably ideal, although many people are not able to be facilitators for various reasons. The important thing is to recognize and own up to whatever camp you find yourself leaning towards, and try to understand what this says about you. Why are you a

regulator/facilitator? For example, a demanding job may require that you get a good night's sleep so you need to be a bit tough about sleep regulation. Moms of twins often become regulators, even if they were not regulators with their first child. Facilitators may be reacting to their own experience of neglect as a child, which they are determined not to inflict in their own baby. Which one is best? The facilitator approach may be more in tune with the baby, and it may facilitate more trust in the baby. Trust is the basis of future mental health. However, it has its downfalls as the facilitator moms often are exhausted and depleted and they can suffer emotionally. Regulator moms often have babies that are better sleepers. It is extremely problematic when someone tries to force or coerce a parent into changing his or her camp. You should never try to change a facilitator into a regulator or nice versa. People are who they are for complicated reasons that are often deeply rooted.

- **Break for tea and cake**

- **Group discussion: Your Relationship**: Is your partner in the same or the opposite camp as you? What impact does this have on you and your family? (Allow each participant to respond.)

- **Group discussion: Your baby**: Some babies seem to gravitate towards more of a routine and are more easily regulated, whilst others seem to demand a more facilitator approach. Which approach does your baby seem to need?

Facilitators and Regulators

Article by Jenny Perkel, published in *Living and Loving* magazine.

Different parents adopt different approaches to caring for their babies, depending on who they are as people. “Baby experts” give advice about early parenting, based *also* on who they are as people. No matter what your views are, you will probably be able to find a parenting author who mirrors your own perspective. There will also be parenting writers who will not support your style of parenting. Some of them will voice this very strongly, but that does not mean you are wrong. It just means that you and that person see things differently.

As far as early parenting styles are concerned, you might have noticed that new moms seem to divide themselves broadly into two different camps: Those who adapt to their babies and those who get their babies to play by the rules. The Facilitators and the Regulators. A lot of parents fall in the middle, somewhere in between these two extremes, and this is possibly the more sensible and psychologically healthy option.

British psychoanalyst, perinatal specialist and author, Joan Raphael-Leff, says that at the extreme end of the continuum, ‘Facilitator parents’ aim to gratify their baby’s every wish. They devote themselves to their babies completely, sacrificing themselves to the extreme and focusing their lives totally on the demands and whims of their babies. These moms do not allow their babies to be apart from them, they generally choose not to work, they breastfeed on demand and they delay weaning until the baby is a toddler. Facilitator moms usually sleep with their babies and they respond to each small squeak or grunt by offering the breast.

Natalie was ecstatic to be a new mom to her first child, Ben. She believed that she and her baby would continue to be "as one" after birth, as they were during the pregnancy. She carried Ben around in a sling, hardly ever putting him down except when she needed to do something urgently. Natalie dedicated her life to Ben, making herself available to him at all times of the day or night. Her own life was on hold until further notice. She breastfed him on demand, for as often and as long as he wished. She took him everywhere she went, never wanting to have any separations from him because "he needs his mom".

In the opposite camp are the moms who are focused on getting their babies to adopt a routine that makes life predictable and structured for both of them. Raphael-Leff calls these parents 'Regulators'. Extreme Regulators introduce substitute caregivers early on, as long as the baby remains in her routine. Feeds are given at regular intervals and not from the breast. These moms are inclined to want to distinguish between "legitimate crying" and "crying for no reason". If no physical reason can be found for crying, the baby is left alone to cry. The regulator mother sacrifices less of herself and is more inclined to pursue her career or other interests. She is more focused on her life away from her baby and does not see herself as central to her baby's existence.

Noni's second child, Hannah, is three months old. She is bottle-fed. Breastfeeding did not fit into Noni's busy lifestyle. Hannah has been sleeping, apparently "through the night" in her own cot in her own room since she was five weeks old. Both the parents door and Hannah's door are closed at night, so it would be hard to hear if Hannah was awake or distressed, unless she cried very loudly. Noni works eight hours a day at a high powered firm who have little regard for working moms. She feels a need to continue working so that her children will be able to see that she is a real person, independent and capable, with an identity of her own. Not "just a mother".

People usually have good reasons for adopting the different parenting styles. For example, a woman who has struggled for years with infertility might feel she wants to totally devote herself to her baby, and forget about her own needs till her baby gets bigger. She will be a Facilitator. On the other hand, a woman who has five children and who needs to earn an income will probably need to be a Regulator mom. Most parents use bits of both parenting styles, but the extreme of either side has its problems.

The downside of the extreme Facilitator?

Being a Facilitator mom might sound blissful and wonderful. Perfect motherhood. But that is exactly the problem. Joan Raphael-Leff says that extreme Facilitator moms sometimes idealise motherhood and they idealise their babies. If motherhood and babies are so "perfect", what happens to the inevitable feelings of hostility and resentment, disappointment and sadness that motherhood almost always evokes to some extent? Also, the extreme Facilitator mom tries very hard to be "at one" with her baby. She can't bear the pain of the reality that her baby is actually a separate person. Sometimes he will cry and she will *not* be able to comfort him, and sometimes he might need a little more separateness from her than she can tolerate. In a nutshell, Raphael-Leff says that Facilitator moms are running away from their own negative feelings about motherhood and their own babies. They are pretending to themselves that they have a perfect and beautiful union with their babies. The problem with not being aware of, recognizing and acknowledging negative feelings in yourself is that they then play havoc inside your unconscious mind. All kinds of difficulties can result, either in the mom or in her baby.

What is the downside of the extreme Regulator?

Extreme Regulator moms are often inclined to run away from the intimacy and closeness that they could (and perhaps should) be having with their babies. Raphael-Leff says that Regulator moms might be avoiding the experience of "falling in love" with their babies and so they don't take the time to really get to

know them. The baby has to fall in line behind other priorities like work and other commitments. These moms are quick to hand the baby over to other caregivers so the baby can bond with other people and not become too “dependent” on the mother. They keep the baby at an emotional distance by setting limits about feeding and sleeping, and keeping to a strict routine, no matter what the baby wants. Extreme Regulator moms can feel a lot of anger and resentment towards their babies because of their demands and their dependency. They might have a powerful need to “get away” from their babies, and work gives them permission to do just that. Getting their babies into a routine helps them to feel more dominant and in control, rather than being at the mercy of an all-powerful baby. A routine might be an extremely valuable way for a Regulator mom to ensure that the baby doesn’t get neglected (or over-indulged).

Which one is best?

Both styles have their shortcomings and their benefits. Regulated babies often really do learn to play by the rules. They do often sleep better at night and they may well be less demanding and high maintenance than Facilitated babies. They are then easier to handle and they tend not to drive their parents to the edge of sanity to the same extent as Facilitated babies. Perhaps they know it won’t be tolerated, so they don’t dare. Beware though, they might well make up for it later on. Facilitated babies, on the other hand, are probably getting their psychological needs responded to more sensitively. My guess is that they learn to *trust* where regulated babies learn to *behave*. I (and most other psychologists) value trust in infancy more highly than good behaviour. In fact, developing trust is the single most important psychological task that babies need to accomplish during the first year of life.

Complications happen when there is not a good fit between a mother and a baby. If a Regulator mother has a baby who absolutely refuses to comply with her wish to get him into a routine, there is likely to be trouble. Some babies are completely unpredictable and they seem to never do things the same way more than twice.

No matter how hard you try, you might not succeed in getting this *routine hating baby* into a fixed schedule. If that is the case, it will be better for everyone if you stop trying, and accept that you are going to have to make some adjustments to your own parenting style. This kind of baby seems to require a Facilitator parent, and he might respond well to a more sensitive, flexible approach.

Problems also arise when there is conflict between a mother and her spouse/mother/mom-in-law/best friend/parenting expert about her parenting style. If you are a Regulator and someone close to you is telling you that you are doing it all wrong, this might cause your hackles to rise or it might cause you to doubt yourself. Perhaps you do not have the patience, the time or the energy to be a Facilitator, and if you tried to be one, you might even be at risk of developing post-natal depression. Sometimes the mother is a Facilitator and the father is a Regulator, or vice versa. Both might have excellent reasons for wanting to pursue their own parenting style, but if the styles conflict with one another, there will be problems. Marital stress is greatly amplified if parents have different views on parenting and Facilitator-Regulator battles have caused many a fight between new parents.

There is also often conflict in a mother who has the two opposing parenting styles working against each other *inside her own mind*. Perhaps she desperately wishes she could be a Facilitator mom because she believes that is the right way to be, but she can't bear to sacrifice herself to that extent. Or perhaps she believes she *should* be more of a Regulator with a routine and structure, but she can't let her baby out of her sight and she feels compelled to feed him whenever he cries, even though it isn't *time* for a feed. These moms are probably feeling guilty and inadequate and as though they are not being the mother they would like to be. Under any of these difficult or complicating circumstances, it would be a very good idea to consult a parent-infant psychologist who is trained and has experience working with new parents.

What to do?

Joan Raphael-Leff suggests that taking the middle road between Facilitator and Regulator is a good idea. Babies are dependent on their parents, but they are also separate beings, capable of forming other relationships. Through a gradual process, mothers, fathers and their babies can and should get to know each other and come to understand one another. Of-course the baby's needs are crucial, but so are the needs of everyone else in the family, including other children and sleep deprived parents. In my book, Babies in Mind (Double Storey), I have favoured and encouraged a more Facilitating parenting style rather than a Regulating one. That is because I believe that the Facilitated baby's needs are usually responded to with more sensitivity. But I have also discussed in great detail the powerful and important negative feelings that Facilitator moms might be out of touch with.

Your specific circumstances, your family, your lifestyle and most importantly, your own baby will determine what style of parenting you take on. You might have been a Facilitator mom for your first two children and a Regulator mom for your third out of necessity and desperation. Whatever you choose to do, your baby is fortunate because you care enough and are responsible enough to be reading and thinking about what he needs from you as his parent.

WORKSHOP 4
SLEEP PROBLEMS

(Background reading: *Babies in Mind*, chapter 5)

- **Ice-breaker**: Each participant tells what her *favourite thing* was before she became a parent. (Eg, a hobby, an interest, her partner, freedom, travel, etc)

- **Group discussion:** On average, how many hours of sleep are you getting each night and what is the quality of your sleep like?

- **Group discussion**: How is your baby sleeping during the day and during the nights? How does this compare with your expectations and your hopes/wishes about his sleep?

- **Practitioner input**: Western society has developed an unrealistic expectation about the way babies should sleep. This may be partly because of the career demands of working mothers. There is often a belief that babies should be separate and independent before they are ready. Babies are often afraid to sleep alone in a room, particularly after the age of 4 months when they become more aware of themselves. Separation from the mother (or primary caregiver) activates the separation-distress mechanism in the brain, resulting in neurological and chemical changes in the brain and causing great stress to the infant. Babies react to this by separation distress by crying out, and this is called the *protest* phase. It is evident in other animals too, not just human babies. The evolutionary

basis to this is that a baby is defenseless and would die if left alone. So in the wild (or in our early caveman existence) it isn't wise for a baby to sleep alone because he would be in danger of being attacked or eaten by predators. But if the caregiver does not make contact with the crying baby, the baby does eventually stop crying and moves out of the *protest* phase, into the *despair* phase. He gives up! From an evolutionary perspective, the baby is now safer from predators if he keeps quiet and pretends he is not there. This is the basis of Dr Nils Bergman and Dr Barak Morgan's careful research and argument that *babies should not sleep alone*. It is also the reason that so many psychologists are not keen on sleep training. However, there are times when a certain kind of sleep training may be the best solution, when the parents are in a state of such extreme exhaustion that they cannot continue to be woken up constantly during the night.

- **Break for tea and cake**

- **Group discussion:** How to get a good night's sleep! There are some contentious issues around babies' sleep, and each parent needs to find her own sleep solution that she feels comfortable with and that suits her baby and her family and herself. Allow each participant to discuss the *solutions she has found to getting her baby to sleep well*. Each participant is encouraged to give a *sleep tip* that has worked for her baby. The practitioner should keep reiterating that there is not one right answer or one correct way to get babies to sleep. They are all different. Some prefer a quiet room, others find it easier to sleep amidst the buzz of wakeful life. Do not allow participants to judge or criticize one another. Sleep is a highly sensitive issue and emotions run high around this topic.

- **Practitioner input:**
    i) Discuss the Dilys Daws concept of separation anxiety and it's possible role in sleep disturbances, particularly when the mother is still mourning the loss of someone close to her.
    ii) Discuss also the ways in which fear, mistrust and anxiety interfere with sleep. This is true for adults too.
    iii) Discuss the fact that regulator mothers seem to have babies who are better sleepers. So extreme facilitators should perhaps try to move into the centre of the continuum in order to get a better night's sleep.
    iv) Discuss the complex issue of feeding during the night. That is, babies seem to need the comfort of feeding during the night, but often the more they are fed during the night, the more wakeful they become. So, keeping a middle ground, it may be useful to limit feeds to one or two (not more) during the night.

<u>Practitioners: Take copies of the two extra readings for workshop 5 for each participant.</u>

WORKSHOP 5
ATTACHMENT AND SEPARATION

Background reading: *Babies in Mind*, chapters 9 and 10
Article: *Absorbed with baby*
Article: *When parents need a break.*
Participants should take the photocopies of the bonding questionnaire, plus pens for participants.

- **Ice-breaker:** When did you leave your own family home for the first time (permanently) and what was the experience like for you? (Each participant to respond)

- **Exercise:** Photocopy and give each participant the adapted version of the Brockington Post Partum Bonding Questionnaire to complete. **Do not score!** Discuss results in the group, but qualitatively, not quantitatively. Help the participants to see that anger and feelings of rejection towards the baby are acceptable and understandable, as long as they are not acted upon. Watch out for moms who idealize their babies and moms who cannot bear to be apart from their babies. Notice and observe, and see where it goes. Gather up the questionnaires afterwards and refer to them when necessary.

- **Practitioner input**: In order to establish a bond with your baby, you need to spend enough time with him, especially in the very beginning of his life. The mother and her baby start off in a kind of a cocoon, and gradually over the years, there needs to be a separation, as and when the child can manage it. What is appropriate at 3 months of age is no longer appropriate at 3 years. The increasing independence is just as important as the initial closeness. But

don’t try to foster independence before your baby is ready. Develop the bond and the trust first, and then when your baby feels safe enough, she will have the confidence and the courage to test her independence. In order for your baby to manage healthy separations (like play school, preferably between the age of two and three, depending on your circumstances) she needs to have developed a secure attachment.

- **Group discussion**: Although research has shown that babies know their mothers from the earliest days of life, it doesn’t always feel like this as a mother. It can feel as though you could be replaced by anyone who can feed the baby. When was the first time you felt like *your baby* loved *you* specifically and wanted *you* as opposed to just anyone?

- **Group discussion**: How do you know that your baby is attached to you and how does the attachment make you feel?

Break for tea and cake

- **Group discussion**: When did *you* first feel intensely bonded with your baby and what is the thing that continues to make you feel close to him? (Eg, breastfeeding, sleeping together, etc).

- **Group discussion**: What interferes with the bonding between you and your baby? (extended family, career commitments, feeding problems, crying, sleep disturbances, etc)

- **Group discussion:** How much time have you spent apart from your baby and how does it feel to be away from him?

Practitioners: Give each participant a copy of the article for *workshop 6.*

Adapted version of Brockington Postpartum Bonding Questionnaire

For each question, score :

1 for *always*
2 for *very often*
3 for *quite often*
4 for *sometimes*
5 for *rarely*
6 for *never*

I feel close to my baby

I wish the old days when I had no baby would come back

I feel distant from my baby

I love to cuddle my baby

I regret having this baby

The baby doesn't seem to be mine

My baby winds me up

I love my baby to bits

I feel happy when my baby smiles or laughs

My baby irritates me

I enjoy playing with my baby

My baby cries too much

I feel trapped as a mother

I feel angry with my baby

I resent my baby

My baby is the most beautiful baby in the world

I wish my baby would somehow go away

I have done harmful things to my baby

My baby makes me feel anxious

I am afraid of my baby

My baby annoys me

I feel confident when caring for my baby

I feel the only solution is for someone else to look after my baby

I feel like hurting my baby

My baby is easily comforted

ABSORBED WITH BABY

Article published in *Living and Loving* magazine

By Jenny Perkel

Has your baby taken over your life? Can you think and talk about nothing else except how cute he is, when his next feed is due, his sleeping schedule, and the contents of his nappy? Don't despair. It's normal and even psychologically essential to be completely wrapped up in your baby in the beginning…

Noni and Peter's baby girl is 2 months old. They were the first in their group of friends to have a child. At first, their friends visited and were very excited about the new baby. They brought gifts and wanted to be involved in caring for the baby as much as possible. But after a few weeks, it was clear that a wedge had formed between the new parents and their old friends. "They've become so boring!" complained the friends to one another. "All they can talk about is the baby. You can't even have a normal conversation with them anymore. They never want to go out. They're no fun since their baby was born."

As a new parent, you're usually not scintillating company. With the exception of other new parents, most people will find it boring when you talk about your baby's feeding schedule, your sleep deprivation, and the best price for nappies. The truth is that, unless you are a new parent, baby talk is not that exciting. That's why new parents should hang out together, to share stories about night-time wake ups, nappy rash and nipple cream. Other new parents become like kindred spirits overnight who can really relate to and identify with one another's experiences. To the rest of society though, you could be dancing on a different planet.

If you are a new mom, you are probably behaving in a way you never imagined possible. Wrapped up in your baby's world, you are (hopefully) in a state of what

psychologists call *primary maternal preoccupation.* The quality and value of this state of being was described at length by British pediatrician and child psychoanalyst and one of the most prominent, leading authorities on child and infant mental health, Donald Winnicott. It means that you as a new mother can't really think or talk about anything except your baby. You are totally absorbed by him, and your life as you once knew it stops so that everything can revolve around your baby. Unfortunately this can be highly aggravating for the people around you who want your attention and want you to be the person you were before. It is also sometimes hard for the people in your life who haven't yet had babies or who don't understand them. But for a limited time in his life, this almost undivided attention is exactly what your baby needs from you.

Why is primary maternal preoccupation so important for your baby?

In the beginning, your baby needs almost total dedication. He has no clue about the world and he needs your help almost constantly (when he isn't sleeping) to help him to understand what is going on. He needs your physical care, but also your mind to help him to process and understand what is going on around him. He feels things intensely. Digestive troubles, for example, are extremely common in very young babies. When your baby experiences pain and discomfort related to digestion of milk, it causes him severe distress. He needs you not only to help relieve his pain but also to help him to process the shock and fear associated with his pain. When you support and comfort him, he discovers that he has an ally who is there when things are going badly. Someone to walk with him or carry him when life is hard. When you are with him in a supportive way, he realizes that he can survive his troubles.

The other vital part of *primary maternal preoccupation* is that it gives your baby a sense of his own existence. Winnicott called it feeling of *continuity of being*. When your baby needs something (like a feed or a change in the environment) and you understand what he needs and offer it to him, it gives him a feeling that

he created the event just by thinking it. He thinks, “Wow! I’m so clever. Look what I’ve done!” For the first few months of life he doesn’t yet realize that it was in fact you (not he) who made the event happen. This is a crucial part of the development of his sense of self and his future mental health. In normal psychological development, this omnipotence reduces dramatically over time and your child will realize that he isn’t the centre of the universe. But for the first few months of life, this is exactly how he must feel in order to grow into a psychologically healthy individual.

Primary maternal preoccupation **is not forever**

“But what about my own life?” you cry. Sorry but for now it’s on hold. For better and for worse you have been temporarily robbed of your right to your own space, time and freedom. For the time being, your days and nights have been highjacked by your baby and the relentless demands of parenthood. *Primary maternal preoccupation* does come to an end, but not suddenly. It is a gradual process. It is usually also quite a natural process and not one that you need to force or control. You can just observe yourself and notice that over the months you will probably find yourself wanting a bit more time apart from your baby. You will probably also respond to his needs less urgently as time goes by. For example, when your 6 month old baby cries with hunger, you just know that if you take a little longer to feed him, he will manage better than he did when he was 6 weeks old. In time, your baby will become more and more independent. The length of time of baby-absorption varies from person to person. It depends on your temperament, on your psychological health, on your baby’s personality, his psyche and his own level of neediness. A more demanding or an ill baby might keep his mom in a state of primary maternal preoccupation for longer. Sadly, some babies who are irritable, hot tempered or withdrawn and unresponsive can drive their moms out of the merger prematurely. It can be hard to be absorbed in a baby when you aren’t getting a positive, affirming response back from him.

The time period of being wrapped up with your baby also depends on life circumstances like the length of your maternity leave, work requirements, other children and commitments, and the need to resume your life. If you have taken a year off, you might stay preoccupied with your baby for longer than if you went back to work after 3 months. According to educational psychologist, Nicola Dugmore, *primary maternal preoccupation* should last for the initial 3 to 6 months of your baby's life.

Initially your baby feels as though he and you are one person. In his mind (and often in the mother's mind as well), there is a merger between mom and baby. But he gradually becomes more and more separate from you. He needs to do this in order to grow psychologically. Dugmore says that although birth is the beginning, he needs a period of transition to help him to adjust from a state of one-ness with you to a state of two-ness, or separateness. Society needs to respect and allow for this Maternity leave was designed primarily for this purpose. As your baby gets older and less dependent on you, he can bear the frustration of not being able to get what he needs for just a little longer. He might also be able to manage a little fussing alone for a short time, without you rushing to help him out of his distress.

From about 4 months, your baby starts to make large strides towards independence. On the one hand, this is a cue for you to let go a bit and resume aspects of your own life. But his increasing awareness of separateness can make him worried about being away from you. Before when you were out of sight you were literally out of mind. From about 4 months onwards he starts to discover that you do actually exist as a separate person outside of himself. When you're not there, he realizes you aren't there. That can put him into a bit of a panic just at the time when he needs a bit of space from you.

Primary maternal preoccupation is essential for your baby, but it is just as important for him that it ends eventually. That doesn't mean that you have to

disconnect from him, it just means that the intensity of being totally merged and wrapped up with him diminishes. You can still spend most of your time with him if you are able and willing to do so, but you can also feel free to reclaim bits of your life back. The few months of being absorbed with your baby in the beginning will be over before you know it. Don't resist it and don't miss out on this opportunity that comes only once in your child's life.

Do dads also experience primary "paternal" preoccupation?

The more involved with parenting the dad is, the more he will experience a similar kind of preoccupation with his baby as the mom. But it is the primary caregiver who experiences the true Winnicottian *primary maternal preoccupation.* The primary caregiver is usually the mother. Often the dad, although he bonds with his baby and shares the parenting, has more ongoing links with the outside world. His place in society doesn't usually change to the same extent as the mother or primary caregiver because he continues to earn an income. He often interfaces with the world more than the mother in the beginning. Mother and baby often are cocooned with each other in the beginning, as they get to know and understand each other. It is an intensely close relationship and one from which outsiders, even sometimes dads, often feel excluded.

Nicola Dugmore suggests that a prospective dad should always be forwarned about about *primary maternal preoccupation*. He needs to understand what is happening when his wife and baby move into their bubble, sometimes making him feel like the unwanted outsider. He should support this union initially, says Dugmore, and then after a few months he should help them to separate from one another by claiming back his relationship with his wife, and by developing a special relationship with his own baby.

Is *primary maternal preoccupation* only possible with the biological mother?

It is probably easier to slip into this mode of being if you are the biological mother of the baby. Pregnancy, giving birth and breastfeeding facilitate the process of absorption with your baby. But if you are an adoptive or foster mother, you might find that you are able to bond quickly with your baby and offer him the same kind of devotion. Taking a substantial maternity leave as a new adoptive or foster mom is essential. You need time with your baby and a willingness to give up aspects of your own life for a while. It's hard to cultivate maternal preoccupation, as it's really a natural process that comes with a deep love for and commitment towards the new little person that you have been privileged to take care of.

Babysitters, nannies and childminders, although they may be a crucial part of your and your baby's lives, are probably less likely to be able to offer your baby a substitute for the real *primary maternal preoccupation*. That doesn't mean you shouldn't use them. It just means that in the very early months as far as possible, don't hand over too much of the mothering to others. It's hard to generalize though because a lot depends on the temperament of the caregiver and her willingness and ability to focus, tune in, be sensitive and give your baby what he needs. So be very careful in selecting your caregiver, and try to keep it to one or two people, rather than having a high turnover of nannies or babysitters. Consistency is crucial. Your childminder needs time to get to know your baby and to develop a bond with him.

WHEN PARENTS NEED A BREAK!
Published in *Living and Loving* magazine
By Jenny Perkel

Years ago whilst working as a psychologist at a child mental health unit in a very impoverished part of South Africa, I had an alarming and rather disturbing experience. A father who had walked for an hour and a half with his nine year old son to get to our unit, arrived and said to me, “Please take my child.” He looked exasperated and desperate. “Take him into your home and see what I have to put up with. See how badly behaved he is and teach him the right things. I can’t stand to have him at home any longer. Please take him.”

Although it is not always socially acceptable to broadcast it, for loads of parents from all different walks of life, this man’s feelings are not all that unfamiliar. You might whisper feelings of *needing a break from your child* to your best friend or your partner. Or you might privately acknowledge it to yourself without telling anyone. Perhaps the fear of being judged, disapproved of or disliked has stopped you from talking about your feelings of wishing you could just give your child away for a short while. There is an understandable reluctance and aversion to admitting and talking about the desire to get away from your children. Based on my experience of working with children and their families, I have it on good authority that *parents often wish for a break from their kids!* Perhaps for just a few hours or days. Often for much longer than that. They are usually not proud or happy to feel that way. They often feel extremely guilty and afraid of doing psychological damage to their children.

For many parents, sending their children to playschool or preschool offers a welcome relief. If fact, needing a break might have been your primary reason for sending your child to school in the first place. A few hours or half a day, under the care of a competent, caring, responsible teacher. Whew! Thank goodness.

Possibly, you are one of the many parents who, as you bribe, threaten, plead and command that your child eat his breakfast, brush his teeth and put on a warm jacket, are secretly consoling yourself that in just a few minutes you will be handing him over to that poor woman who somehow manages to handle another fifteen three year old hooligans alongside your own. Hopefully she will teach them all some manners.

Parenting is such a demanding, full time job. You might be having daily battles with your children as you try to support and guide them towards being civilized members of society. For some parents the nights are just as challenging as the days when there are sleep issues, nightmares and sick children. Short breaks of a few hours or even a day or two might prove to be a sanity saver, both for you and for your child. This is especially true if the level of conflict or tension has escalated so high that is not healthy for anyone. In a more ideal society, there would be far more support for parents. Mothers often have to carry alone the huge burden of responsibility for their children. Perhaps you are fortunate enough to have grannies, aunties and friends who share time with your children and who are invested enough in their lives to play an important role in helping to raise them. But often this is not the case, and you end up spending huge amounts of time trying to bring up your children by yourself. Or maybe you work hard all day and have to spend your *free time* after work giving your kids what you haven't been able to give them during the day. Work can feel like a break from your children, but it often doesn't give you the *time off* that you really need for yourself. It can feel like an impossible juggling act, trying to give attention to yourself, your children and your career. The need for a break then becomes even stronger.

Sadly, we live in a highly judgemental and critical society so being honest about needing a break from your children is not always met with empathic understanding from others.

A group of mothers are chatting amongst one another whilst waiting for their children to finish preschool. Linzi says, "My husband and I just need a break without the kids. So we are taking them to granny and grandpa for the weekend and we are off to the coast. I can't wait to be away from them. I need some peace and quiet and some time to do the things that I want to do." Simone, who is also waiting for her 3 year old child, is shocked and disgusted at Linzi's comment. "How can you say that?" she asks indignantly. "Children are a blessing and you should be grateful to have them. Stop complaining about your kids and learn to appreciate them for the wonder and joy they bring to your life. And anyway, your children need you. You can't just leave them and go away for the weekend without them. You don't deserve to have children. Lots of people can't have their own children. Imagine if they heard you talking like that."

In some circles it is perfectly acceptable to complain about your children. Some people comfortably make jokes about how much they don't want their kids around and can't wait for them to grow up and leave home. This kind of attitude can feel offensive if you are on the outside, but it is probably more honest and psychologically healthy than failing to acknowledge negative feelings towards your own children.

There can sometimes be, in our society today, a tendency towards the idealization of childhood and children and an inclination to relate to them as though they are elevated, magical creatures. Clearly this is far more preferable to abusing or neglecting children, or using them as labour or for personal gain. Children should rather be idealized than hurt or ignored. But from a psychological point of view, failing to acknowledge and own up to the difficult side of parenting and children can lead to severe problems of its own. There is always a shadow or a dark side to everything in life (including parenting). Neglect and deny that at your peril. Of-course, children *are* a blessing. We all know that and I have yet to meet a parent who didn't love his or her children in the deepest sense of the word. But children can also be hard work and they can trigger feelings of

irritation, resentment, anger and frustration in their parents. Without blaming the child for this (for they cannot be held responsible for causing their parents distress), it should still be acceptable to acknowledge the downside of parenting and make a few allowances for strung-out parents. For this reason, very small doses of *giving your child away* is actually not a bad idea! But how small should those doses be, and how often?

You as a parent have a right to make choices about how much of the time you give your children away on a regular or an irregular basis. Sometimes it is less about choice and more about necessity though. For example, you might need to work full-time for financial reasons, and so you might give your child away every day of the week, for eight or nine hours at a time. Or you might be so altogether averse to giving your child away that you stop your career and opt for home-schooling him yourself. Children growing up under these different circumstances will be affected and influenced in various ways, depending on their temperaments and other factors. The most crucial consideration when taking a break from your child is *to whom will she be given?* If she has a secure, loving relationship with the person whose care she will be under, then all is well. Without wanting to be too prescriptive about it because circumstances, personalities and levels of tolerance differ so widely, here are some rough guidelines of how much you might consider giving yourself a break from your child (and her a break from you).

In the first year of a child's life, an hour or two here and there should be okay, as long as your substitute is completely trustworthy, loving and responsive. Having said that, sometimes even healthy, normal babies are very reluctant to let their mommies out of their sight. If you are working full-time, a stable, secure, warm and loving child-care arrangement is essential. From about the age of one to three years, children are usually able to manage a couple of hours a day, perhaps up to half a day without their mommies. From the age of three onwards, some kind of preschool environment with a focus on playing and peer

relationships between two and five days a week will probably be beneficial for you and your child. Overnight breaks from your child before the age of four are only really advisable if you give her to someone she loves, trusts and feels completely safe with.

Is it wrong, abnormal or pathological to want or need a break from your child? Not usually. In a way it can be a very helpful and positive part of your child's development. This is because your child also needs a break from *you* at times. Giving your child over to someone you trust for short periods of time helps to facilitate a natural, gradual process of separation between the two of you. This separation needs to take place in order for your child to discover the joy (and necessity) of being an independent human being. Sometimes children who need more separateness and more independence communicate this by being strong-willed and confrontative with their parents, particularly their mothers. "No, I won't!" or "I hate you! Leave me alone!" On the other hand, children can also behave 'badly' when they are struggling psychologically or if there is a problem in the parent-child relationship. But it is not only troubled children or those who need more separateness who behave in ways that cause their parents to need sanity breaks.

The truth is that healthy, young children do often behave in ways that are really challenging and even quite offensive. Psychologically healthy children are not saints. To expect angelic behaviour all of the time will only bring you disappointment and cause conflict between you and your child when he doesn't behave 'nicely'. Healthy children can be bratty, naughty and difficult. They can also behave in ways that provoke anger in their parents to the extent that you would only know and believe if you have entered the planet of parenthood. You as a parent are constantly having to conduct a delicate balancing act. One the one hand you need to connect, nurture, play with, love and tune into your children, but you also have to set limits and provide structure. Sometimes it's hard to know how much to lean towards either of these two poles. Whether you

are connecting and playing with your child or constantly setting limits, you will still sometimes feel you need a break.

Some tips for parents who are ready to give their children away:

- isolate the problem. Be very specific. What exactly is upsetting you about your child, how often does it happen and how long has it being going on for?
- in what ways do you wish your child would change?
- is there something you can do to create the change you wish for in your child? For example, is your lifestyle too frenetic or are you spending very little time with him?
- is there something in your child's environment that could be causing her stress, like a divorce, the birth of a sibling or the loss of someone close to her?
- is there something in the relationship between you and your child that is not comfortable?
- how realistic and age appropriate are your expectations of your child?
- are you depressed, anxious or stressed out in a way that could be making you more sensitive and less tolerant?

It is essential that you ascertain for yourself whether you realistically need more short breaks from your child to give you both space, or whether there is a problem that needs to be addressed. The problem could be in you, your child or the relationship between you. Parenthood is highly challenging and psychologically strenuous. Many if not most of us fail our children often because of our own unresolved childhood issues, but also because children frequently put us in extremely stressful situations a fair amount of the time. If your feeling of wanting to give your child away persists despite the fact that you are having short breaks from one another, it's advisable to consult with a clinical psychologist, a child psychologist or a trained mental health practitioner. Even though children

can be demanding, the bond between you and them should be strong enough to tide you through the difficult times. If, on an ongoing basis, you seem to harbour more bad feelings than good ones towards your child, consider getting help. Although what Mark Twain says about babies being a *blessing and a bother* is also true for children, they should always be more of a blessing and less of a bother.

WORKSHOP 6
HIGH NEED BABIES

Background reading: *Babies in Mind* Chapter 12

- **Ice-breaker/discussion**: All babies have high needs some of the time. What is the thing that your baby struggles with the most?

- **Group discussion:** Do you have a high need baby? That is, is your baby irritable, excessively demanding, very clingy, cries when left alone for one moment, difficult to soothe and does he/she experience sleep or feeding disturbances?

- **Group discussion:** Underlying many high need babies, there is often a physiological basis, for example, colic, reflux, allergies, digestive problems. Could illness and discomfort account for your baby being stressed out? Has this been adequately addressed by your medical doctor or paediatrician? (The practitioner should encourage medical checks when there is any doubt about what is causing the baby's distress).

- **Break for tea and cake**

- **Practitioner input:** All babies are stressed out and *high need* some of the time, especially when they are sick. At these times they seem to need their mothers so much more, and often to the exclusion of anyone else. But all babies are different and some of them seem to have temperaments

that are less easy-going and laid-back than others. It is very easy for outsiders to blame the mother for this, and this is usually unfair and unjustified. If your baby has *high needs*, you need to take extra special care of yourself and try not to take the blame onto yourself, even when you get accused of being the cause.

High need babies can be very challenging and because of their excessive demands, they often have more complicated, intense relationships with their caregivers than the calmer babies. It is hard not to get very angry with your *high need* baby and perhaps even sometimes to treat him more harshly and insensitively. These babies are not content to be put down. They seem to need constantly to be rocked, held and walked, and they become easily disregulated when anything untoward happens. They demand much more from their caregivers than other babies and this can contribute towards postnatal depression, exhaustion in the parents, conflict between the parents, and problems in the relationship between the baby and the caregivers.

- **Group discussion:** What are the ways in which you have found helpful in managing your high need baby? (If your baby is not generally high need, what have you found helps at those times when he seems stressed out and unhappy?)

- **Group discussion:** How are you taking extra special care of yourself if you are the mom of a high need baby? (Or at those times when your baby is difficult and demanding).

- **Group discussion:** Babies can pick up (intuitively) on their caregivers' internal stress, tension and conflict between their parents, and any other

kinds of stress or emotional disturbance that is going on around them. This is even true when the problems are *unconscious*, and so – by definition – the caregivers are *not aware* of the problems. What kind of stress in your home environment could possibly be causing your baby to become stressed out?

Practitioners: Give each participant a copy of the reading for *workshop 7.*

CAN BABIES BE DEPRESSED?

Published in *Living and Loving* magazine

Jenny Perkel

8 Month old Rainder is a very quiet and still child. He is not very playful, and he doesn't reach out and grab the attention of the grown-ups around him. In fact, no-one seems to notice Rainder very much. He is not outgoing and he has shown little interest in exploring his surroundings. He sits by himself, staring at nothing, not really attempting to move. He asks for very little and gets very little back from anyone around him. Rainder is the 3rd child in his family. His parents are relieved that he is an "easy baby" because they have their hands full with their other 2 children, one of whom is a special needs child. Rainder seems rather sad and withdrawn. He does not really engage with his parents or anyone else. Rainder's parents are not concerned about him. They see him as a good, well-behaved, rather passive child who is content with his own company.

Is Rainder depressed? Not yet. But he is highly likely to develop depression a few months down the line. Prof Astrid Berg, Senior Consultant and Lecturer at the UCT Parent-Infant Mental Health Service at Red Cross Children's Hospital in Cape Town, South Africa, says that depression can only really occur after the age of about 18 months. Children younger than this cannot actually be diagnosed with depression and they do not yet have the mental capacity to experience depression. But young babies do show signs of being unhappy, and this can and does develop into depression from halfway through the 2nd year of life onwards. Some of the early signs of an unhappy baby are withdrawal and failure to engage actively with people and the outside world. Unhappy babies are often seen as 'good' because they are quiet, undemanding and not very much trouble. They often do not seem to need much attention from their parents because they tend to lie quietly alone without showing much eagerness to explore and discover the world.

Withdrawn, unhappy babies look objectively sad. They don't smile or laugh much. They might have a faraway or glazed look in their eyes, and they don't easily play or engage with other people. They are the babies that get neglected and ignored in hospitals, orphanages or other institutions because they don't make a fuss and because they don't tend to capture the interest of the nurses and other caregivers. It is much harder to get a reaction from a withdrawn baby and attempts to connect with, play or get a smile or a giggle are often unsuccessful. This is very different to the way in which psychologically healthy babies are quite easily tempted to play hilarious games, for instance when you pull funny faces at them or hide your face and peep (with a big grin) out at them again. A withdrawn baby might be unable to participate in these games, or she might even start crying when there is an attempt to interact with her.

But strangely enough, unhappy babies sometimes do not cry much at all. This is confusing and misleading because one might think that if a baby is unhappy you would know about it by his crying. Researchers such as Antoine Guedeney have found that psychologically healthy babies react to discomfort by yelling with great gusto and outrage. They are then easily comforted, often by the mother's attempt to offer her breast for a feed. But babies who will go on to experience psychological difficulties do not necessarily cry (or not immediately) when they are subjected to a traumatic experience. They are more inclined to continue whimpering or being distressed, despite all efforts to soothe them. Don't be duped into thinking that a baby who never cries is psychologically healthy and robust. He might have learned that crying doesn't help, or he might not have the energy to cry. Vigorous crying is a passionate message from a baby that something is wrong and he needs help. Unhappy babies have very little passion and they don't have any expectations or illusions that help is going to be forthcoming.

In contrast, healthy babies are full of life. In fact, as you might have noticed, they can drive their parents quite mad by their continual demands. Life for a baby is jam-packed with interesting objects, encounters, events and experiences. From about 8 or 9 months onwards, their activity levels are high and they need a fair amount of attention. They grab, shake, throw and sometimes destroy just about anything they can lay their hands on, particularly valuable ornaments and important documents. They love to turn their mommies' handbags upside down in their search for delightfully exciting odds and ends that can be tasted or chewed, shaken or broken. Healthy babies and toddlers are very much on the go, making their way, once they are mobile, to all kinds of forbidden and dangerous places, like down the steps and into the pot plants. They often experiment with eating (or at least tasting) stones, ants, toys or anything they can find. The world, for healthy babies, is not only their oyster, it is their playground and their kingdom.

Unhappy, withdrawn babies know nothing about playgrounds or kingdoms. Or if they do know about them, they just don't care. They have little interest in the unchartered territory of this world, the treasures and the novelties waiting to be discovered. They often don't care much for the culinary surprises that come their way. In fact, their own feeds might not even hold much appeal.

Talli is the first child of a 20 year old single mother whose boyfriend left her when she was pregnant. Talli is small, pale and thin, and although she is actually 6 months old she looks more like a 3 month old baby. She does not seem interested in her feeds, even though she has been exclusively breastfed since she was born. She hardly ever smiles or laughs and she makes very little eye-contact with her mom or with anyone else. Since she was a few weeks old, Talli's mom has been concerned about her failure to gain weight and her "feeding problems". She has taken her to a paediatrician who has given his assurance that there is nothing physically wrong with Talli, except that she is small and

underweight for her age. "She'll catch up" he said to Talli's mom. "Or perhaps she'll always be a small person. It's probably in her genes."

It is possible that Talli's paediatrician is correct and that her failure to eat and grow normally is of no real concern but Prof Berg has made some important observations in her clinical work with babies who don't seem interested in feeds and who fail to thrive. If there is no underlying physical condition or illness, says Prof Berg, there might be a psychological reason why some babies don't grow normally. Perhaps, she says, the life force or libido that drives us all to carry on living, growing, eating, loving and exploring is very weak in these babies.

When you as an adult become depressed, the chances that you will lose your appetite are high. Even if you previously loved your food, depression takes the joy of eating away. A loss of appetite and loss of weight are two very standard, common symptoms of depression. Besides this, depression also robs you of your energy, your zest for life and your ability to find pleasure in just about anything. It takes away your motivation and usually leaves you feeling like you just don't feel like doing anything. So a depressed adult is often criticized for 'moping' around, staying at home, declining offers to go out, get exercise or meet people. The mistake is to think that lethargy is the *cause* of depression when it is actually a *symptom.* For a depressed person, just getting out of bed can be a major challenge. Being sociable, getting your work done and doing your chores when you are depressed can feel almost insurmountable and completely overwhelming. Depression flattens you and slows you down. It makes you look tired and defeated. In this way, the appearance of a withdrawn baby who will go on to become depressed later is uncannily similar to the experience and appearance of a depressed adult.

What causes a baby to become unhappy and withdrawn?

Prof Berg has brought together research on this topic from the past few decades. It would seem, from this research, that a baby who is showing signs of being at

risk for depression later on has most likely experienced some form of loss. The mother is the most important thing in a baby's life, so if the baby loses the mother in some form or another, that is extremely psychologically damaging for her baby. But the loss of the mother is often not literal or even permanent. Babies can *lose* their mothers when their mothers become emotionally unavailable by virtue of being depressed, anxious or physically ill. Preoccupied and upset mothers, whether it is because of marital difficulties, personality problems or work stressors, can also be experienced by a baby as an absence or a loss. Any disturbance in the relationship between a mother and her baby can contribute towards a baby feeling as though she has lost her mom. Bonding and attachment difficulties that develop for a variety of reasons may put a baby at risk for future depression because from the baby's perspective, she has lost (or she never had) a vital and integral part of her mom. And of-course, a physical separation from the mother puts a baby at risk. Holidays, hospitalizations, business trips or any kind of absences from the mom can cause a baby to withdraw into a sorrowful state. This puts him at risk for developing depression in the 2nd year of life, and later.

What to do?

The good news is that the cure, according to Prof Berg, is relatively straightforward. It is simply *to give the mother back to the baby*. Depending on the circumstances of the loss, this might mean that the mom should be treated for her own depression, or that she should spend more time with her baby, or that her relationship with her baby should be strengthened and improved by consulting with a parent-infant psychotherapist. In the vast majority of cases these solutions are entirely realistic and manageable. Very, very occasionally in the most extreme of circumstances mothers and their babies cannot be reconciled. This is tragic, both for the mom and for her baby. But a baby who has permanently and irrevocably lost his mom needs just one thing. A substitute mom who can offer everything that a mom is supposed to give. That is, a foster or an adoptive mother.

Your baby needs you, both physically and emotionally, in order to develop and grow into a psychologically healthy person. The more secure, content, supported and psychologically stable you are, the better for your baby. There will always be struggles and difficulties that your baby will have to grapple with during infancy and beyond. Teething, weaning and being away from you at times are all part of the normal, everyday challenges that she has to face. But she is fortunate if you are present, available and tuned into her enough to notice when she is not feeling happy. Don't ignore the early signals of depression. Take them seriously and get help. Withdrawn babies and depressed children are easy to forget about or to miss. Their suffering often goes unnoticed.

How and where to get help

This article has highlighted important early warning signs that, if left untreated, can develop into childhood depression. If you are concerned that your baby is withdrawn, now is the time to make an appointment with a parent-infant psychologist or a mental health professional who has training and experience in this field. Early psychological intervention is effective and powerful and it works far more quickly than trying to address a psychological problem years down the line. Child psychologists have discovered that the younger a child is the better the chance of therapeutic cure as long as the parents are willing to continue with the therapy and as long as they take an active, positive and responsible role in the process.

Possible early warning signs of depression in a baby

- Withdrawal
- Does not easily engage with adults
- Unsociable
- Difficult to soothe when distressed
- Does not play easily
- Does not smile or laugh much

- Quiet, still and passive
- Does not require much attention
- Feeding problems (poor appetite)
- Underweight
- Failure to thrive (non-organic)
- Developmental delays
- Reluctance to explore the environment
- Easily overlooked

WORKSHOP 7
THE IMPORTANCE OF FATHERS

Background reading: "*The role of the father"*
(Fathers should be invited to attend this workshop).

- **Ice-breaker:** "Laughing baby William"
  http://www.youtube.com/watch?v=HttF5HVYtlQ.
  (The practitioner can show this youtube clip at the workshop, either using a projector, or with participants standing around a laptop).

  Point out to participants that the father of baby William who is taking the video clip is just making simple sound effects (and perhaps pulling faces) and bringing great joy to this child, and to 6 million viewers from around the world.

- **Group discussion**: What kind of impact has the arrival of your child had on your relationship with your partner? (Invite all participants to share).

- **Group discussion:** How are the roles divided in your family and are you satisfied with this arrangement? (Who takes care of the domestic chores? Who earns the income? Who cooks? Who does the baby-night-shift? Who does most of the baby-care?)

- **Group discussion:** How willing is each mother to hand over the baby to the father? If she has reservations, what are they? To what extent does each father feel that he is being given the opportunity to be an involved father?"

- **Break for tea and cake**

- **Group discussion**: Participants are invited to share about their experiences with their own fathers. The practitioner can pose the questions, "What is your relationship like now with your own father?" and "How close were you to your father when you were young?"

- **Group discussion**: What kinds of parenting issues do you and your partner disagree or fight about? Dou you have similar or different approaches to child-care? Are you in opposite camps or in the same camp? (That is, facilitator/regulator).

- **Group discussion:** Do you feel neglected by your partner since your baby arrived? (The practitioner should try to show that most people - mothers and fathers - do feel neglected by their partners because babies are so demanding that there is not the same time nor energy for the partner as there used to be.)

Practitioners: Give a copy to each participant of the article for *workshop 8.*

The role of the father

Talk presented in 2012 by Jenny Perkel

I asked my brother in law, who has 3 grown up children and 2 grandkids, what he would say to a group of new fathers. He said "*tell them not to expect any sex for the next 16 years. And tell them that they will no longer be the centre of their partner's world*". Pretty bleak! Of course this is not entirely true, most of the time. At face value, it might seem as though there isn't much in it for men in having a baby. But the more you get to know your baby, the more you bond and grow to love your child, the more you'll discover the pure joy of fatherhood. There is nothing quite like the love for a child (and your child's love for you), and this is just as true for dads as it is for moms.

Dads can feel left out for the first few months after the baby is born. Babies often only let their mothers soothe them when they are unhappy and they might only be interested in their mothers a lot of the time. Hours and hours are spent feeding, burping, rocking, changing nappies and so on. Although dads can and should do a great deal of this caring on a physical level, they sometimes don't and this is probably because it is clear to everyone that there is an intensely powerful bond between the mother and her baby. Even later on, many parents find that when their young children are frightened, insecure or sick, they want their mothers, not their fathers. In the middle of the night, it is often "Mommy! Come!" rather than, "Daddy! come!" It doesn't feel great for dads when their kids push them away saying, 'I want mommy". For these reasons some dads might give up and leave the parenting to the mom. They might not realise that they have such a crucial and powerful role to play in their child's lives.

In this day and age of feminism and equal rights for men and women, the narrative might be that moms and dads should have equal responsibilities in looking after babies and children. This is perhaps based on the idea that there is no difference between men and women. But clearly there IS a difference between men and women. The biological realities of pregnancy and breastfeeding means some mothers (not all) are solely responsible for the survival of their children in the very beginning of life. This may explain a lot about why babies and children are so attached to their mothers. From an evolutionary perspective, without the mother (during pregnancy and the breastfeeding time), the baby would have died. When babies are born before their time, it takes extremely expensive and highly sophisticated medical equipment and expertise to keep a premature baby alive. The mother's body does this without her even knowing about it. To a lesser extent, when breastfeeding doesn't happen for whatever reason, the bottles, formula, washing and sterilizing procedures are extremely labour intensive, expensive and time consuming. In ancient times - in the absence of a wet nurse - a mom who didn't breastfeed would not be able to keep her baby alive.

So a baby is born with the wisdom of knowing that the mother is the person to keep close in order to survive. After the umbilical cord is cut, there is a psychological umbilical cord that connects the mother to her baby and that metaphorical tie should ideally not be cut for quite some time. Instead, the psychological umbilical cord should be stretched little by little so that the child can begin to experience portions of life without the mother. Just a bit. Here and there.

The new mom and baby live in a kind of cocoon during the early weeks and months of the child's life. There is a real merger in the beginning between mom and baby. It's like they are one…a unit. This experience of merger can feel

blissful for some mothers, and for others it can feel awful. So different moms have different levels of comfort about being stuck in such an intensely powerful way to their babies, and this can play a role in how much they want their partners around during his time. Some moms get wrapped up in their babies and they tend to push their partners away, leaving the new dad feeling left out, excluded, frustrated, angry, rejected, and useless. It can be the start of a real problem in a marriage and it can continue for years. Sometimes a mother wants to hold on to her child in a possessive way and keep the dad out. The early merger between the mom and baby, Donald Winnicot refers to as “primary maternal preoccupation”. In other words, she cannot really think or speak about anything except her baby. This is the nature of the mother-infant relationship at this time, no matter how the mother or father feels about it. But the time of complete dependency is relatively short, and after a few months the mother-infant pair starts a gradual process of psychological separation as the infant begins to develop his or her own sense of self as separate from the mother.

The merger between the mom and the baby isn’t always beautiful and wonderful. It can be highly conflictual and intense. There is an ongoing drama between merger and separation. Even much older toddlers and children can struggle with separation, and this is usually separation from the mother, not the father. Dads can really help their children hugely by helping them out of the complexities of the closeness with the mom. Babies become increasingly independent over the months and years. Dads can help them gain this independence. Obviously it happens very little in the very beginning of the babies’ lives. But the more they grow, the more independent they need to be and the more crucial it is for the dad to help them to do that. You - as a dad - need to show your child that he can survive and even have a fabulous time without the continual presence of his mom. This is one of your most important psychological tasks that you do for your child, as a father. In this way, helping your child to separate from his mother, you help him to be born psychologically

and to grow. Sometimes when a father is absent, the mother and baby find it almost impossible to disentangle themselves psychologically from one another. This can perpetuate complicated, intense and unhealthy patterns between the mother and the child. A father helps to dilute and moderate these difficult patterns

The father introduces and symbolically represents the outside world to his child. When a baby or a young child loves and trusts her father, it gives her the confidence and the courage to grow through experiences that are outside of the mother. It allows the child to see beyond the mother to this other person (dad) who brings into her world a whole different, fascinating and wonderful dimension. An involved father makes a massive contribution to this painful but joyful journey into self-hood. The truth is that we cannot grow psychologically if we are constantly stuck to one person exclusively. Although babies cannot separate from their mothers until they are ready without severe damage to the psyche, there comes a time when being stuck to another person becomes somewhat claustrophobic. Metaphorically speaking, the father creates a triangle where before there was one straight line with the mother and infant stuck together as one. In this metaphor, triangles are good because they are 3-d as opposed to being uni-dimensional. The space inside the triangle allows the child room to grow whereas on the straight line, there was no space so growth could not occur.

The important point is that this early merger between mother and baby is and was never there between the father and the baby because men don't fall pregnant. Obviously, an incredibly close and meaningful bond is often formed between fathers and their babies before and after birth. But it is qualitatively different to the mother's relationship with her baby. While mothers in the early days are immersed in the physical and emotional needs of a baby, fathers are

often a bit more connected to the outside world. To a certain extent, the dad is often not caught up in the same powerful dynamics with his baby as the mother. His role is traditionally more external, perhaps involving earning an income, providing for the family's needs such as grocery shopping etc. I realise that from a strictly feminist perspective this may not be seen as desirable and some parents will argue that their baby is bottle-fed and the role of mother and father is exactly the same. But psychologically speaking, the mother and baby unit need the father to protect them, nourish them, support and love them while they negotiate the difficult process of adjustment in the days, weeks and months after birth. The womb was easy and comfortable. After birth, babies are faced with so many challenges. Feeding difficulties alone can be highly stressful both for the mother and the baby, not to mention illness, colic, reflux or other kinds of pain, and so on. Dads have one foot in this merger between mom and baby and they have one foot out in the real world. This is crucial, not only for physical and practical reasons, but also for psychological reasons. Taking care of a small baby can sometimes bring chaos and madness into a new mother's mind. Fathers need to be the rock of sanity and stability that the mother and the baby can hold onto when they feel the ground slipping away from underneath them. Dads, look out for the signs of postnatal depression and if necessary get help for the mother of your child. The help could be either support from you, getting friends and family involved, banishing certain destructive friends and family where necessary, getting paid help at home, or getting professional help from a psychologist or a psychiatrist where necessary. This is part of your task: to help preserve the sanity of the new mom and to hold things together when they are falling apart.

For dads who are the primary caregivers from when their babies are very young, the dynamics in these families are likely to be a bit different to what I've been describing in terms of merger and separation.

Shared parenting

Thanks to the feminist movement, fathers are more involved now than they were decades ago. Gender roles are more fuzzy, rules are more flexible, women can study, work and they can marry other women if they want to. In the old days, you didn't expect a dad to feed babies or change nappies. Dads tended not to get up in the night to soothe crying babies to the extent that they do so now. Dads are more present and active in their children's lives nowadays. This is a blessing for everyone. When a dad is involved in the parenting it benefits the babies and children enormously but it also enables him to experience the pure joy of having a meaningful bond with his own child. Most modern dads change nappies, give night feeds and take their children to parks and parties. These dads who will probably not say regretfully to themselves decades later, "I wish I had spent more time with my children when they were young." So, although your role as a father is not usually (although there are exceptions) to be the primary caregiver and nurturer, to share the caregiving is a valuable and wonderful gift that modern fathers have the opportunity of having.

Your baby needs you to be an involved father. Step in at moments of frustration and despair between your wife and the new baby. The new mother should allow the new dad to do this and to take over when things get tricky with the baby. Dads often do things differently, but they introduce another different dimension to the child. They help babies to separate from their moms, to become independent, and to grow psychologically. They also can be the key to sanity for the new mom. So good luck to you if you are a new dad and I wish you everything of the best with your baby.

What about those families where the father is absent?

An absent father is a challenge for the infant. If there has been a divorce and he is still involved in the child's life, then his role remains crucial. This child still has the benefit of the triangle, although to a lesser extent. If conception was the last anyone saw of the father, then the triangle needs to be created in other ways. In this case, the external world (outside of the mother-infant merger) still exists but it cannot be represented by the father. Perhaps there might be other people who are significant in this infant's life who can play the vital role of assisting the separation between mother and child. In single sex parents the triangle is present but circumstances differ as to whether or not there is a primary maternal figure or more of an equality between parents. In this case, perhaps each parent plays a role in assisting the separation of the infant from the other parent.

WORKSHOP 8
WHEN YOUR BABY CRIES

Background reading: *Babies in Mind* chapter 6
Additional reading: *Should you leave your baby alone to cry?*

- **Ice-breaker/discussion:** How much time on average each day does your baby spend crying?

- **Group discussion:** What works for your baby when he/she is crying and what does not work?

- **Practitioner input:** For the most part, babies learn to self-soothe by their caregivers. When they are given the experience of being comforted by their parents and caregivers over and over again, they start to do the same for themselves. However, sometimes you won't be able to get it right (perhaps you'll be busy or unavailable or you just won't be able to help your baby to feel better). This is fine because there has to be some degree of failure in order for the baby to develop her own internal resources. You don't have to be there or to get it right 100% of the time. As long as you try to help your baby out of his distress most of the time, you'll be a good enough mother. Being a "too good mother" has serious problems of its own. (See Juliet Hopkins: *The Dangers and Deprivations of Too-Good Mothering")*. So there is wisdom and value of sometimes standing back for a few minutes and allowing your baby to find a way to soothe herself. Research has shown that those babies who were helped out of their distress *most of the time* when they woke up at night did well psychologically later on. Those who were responded to quickly 100% of

the time and those who were consistently not responded to did not do well psychologically. Aim to be good enough (not too good) and don't beat yourself up when you can't fix your baby's troubles.

- **Group discussion:** How does it make you feel when your baby cries inconsolably?

- **Break for tea and cake**

- **Practitioner input:** Explain the concept of the internal object (see chapter 6 of *Babies in Mind.)* Representations of early infantile experiences and early relationships are programmed into the baby's mind as 'internal objects'. The baby carries these internal objects around with her throughout her life. Internal objects are basically stable, but they can change during adult life through powerful and lasting emotional experiences such as long-term psychotherapy, certain significant intimate relationships, and through the process of parenting your own child.

- **Group discussion:** What is the quality of your own internal objects (what kinds of inner messages do you give yourself about yourself?) For example, are your internal objects basically nurturing and supportive or are they persecutory and critical?

- **Group discussion:** What kinds of internal object relationships do you think you may be setting up for your baby?

Practitioners: Give each participant a copy of the reading for *workshop 9.*

SHOULD YOU LEAVE YOUR BABY ALONE TO CRY?

Talk presented at various events by Jenny Perkel

- People love to give advice to new parents! There are loads of opinions about whether or not to leave babies alone to cry. Many of the opinions are contradictory
- You will probably hear from some people “don’t pick her up when she cries…you’ll spoil her!” or “she’ll only learn to go to sleep on her own if you leave her to cry by herself” or “NEVER leave your baby to cry”
- My opinion is that for the most part you should TRY not to leave your baby alone to cry too much if possible, but there will be times that you will have little choice
- When I say *cry*, I mean yelling or vigorous crying, not moaning, whimpering, chatting or just wriggling …. It is not a good idea to respond to every squeak, grunt or ‘word’. Your baby doesn’t need your total focus *all* of the time
- Lots of people will say to you “LEAVE her to cry, it will do her no harm”. But actually it CAN harm a baby psychologically because it can interfere with trust, bonding and it can cause stress for the baby
- Psychologists have done a lot of research into infancy and the links between early experiences/early parenting and later mental health
- Psychological research has shown that the 1st year of life has a powerful influence on the type of person you’ll grow into
- Medically based infant brain research is now confirming what psychologists have believed for decades

- The establishment of TRUST is the fundamental and crucial psychological task that your baby needs to accomplish during the first year
- She needs to learn that the world is a safe place, and that starts with you

- She needs to discover that you (or someone) will always be there to protect her if she feels in danger or threatened
- If she accomplishes this, she'll be on her way to establishing mental health
- If your baby is crying, all is not well. She might feel hungry, unsafe, scared, in pain, uncomfortable or lonely and your presence and comfort will reassure her that all is well and she is ok
- When you leave her to cry, she learns that she can't always trust that you'll be there for her when she needs you

- BONDING is linked to trust because your baby will trust you if she has a secure bond with you and if you are mostly there for her in a supportive, consistent, warm and loving way
- In the beginning, babies have a need to be physically close to their moms, or primary caregivers, and hopefully with their dads as well
- Your baby needs a close, secure bond with you. If you leave her to cry too often, it might be harder for her to form a secure bond with you, or it might disrupt the bond she has with you because you weren't there when she needed you
- She will not feel safe if she is alone for too long. Most babies can't manage the whole night alone in their cots, away from their moms. That is not unusual.
- Babies have an instinctive knowledge that they can't survive without their caregivers to protect and nurture them
- From an evolutionary perspective, babies have always needed to be physically close to their parents, or else they would have been eaten up by predators
- It is not realistic to expect your baby to manage on her own without you for longer than a few minutes if she is distressed.
- Leaving her alone to cry will probably escalate her distress because a) she is uncomfortable and b) she is alone and probably scared.

- This will shoot her stress levels up and that is NOT a good thing. (I am making a link between leaving babies alone to cry and high stress)

- The research shows that **Stressed out babies** who are not responded to and helped out of their distress in a supportive way become highly stressed adults with psychological problems and increased chance of mental illness
- Loads of scientific, medically based infant brain research is now showing that uncomforted distress during infancy may cause damage to the child's developing brain
- Our brains are shaped by early experiences and early parenting
- High levels of stress during infancy triggers the stress response (the Hypothalamic Pituitary Adrenal or HPA Axis)
- Stress hormones that are released during long periods of high stress during infancy cause the HPA axis to become dysregulated or disrupted
- This causes the brain to become programmed in such a way that the individual is susceptible to becoming highly stressed throughout life
- I think that leaving babies to cry too often for too long may cause stress and this might have implications for the baby's future mental health

- Crying is a sign of HOPE!
- Crying is not a bad thing. Babies express themselves through crying
- Psychologists believe that a baby who cries is often psychologically more healthy than a baby who never cries
- Crying is a protest against difficult, uncomfortable or painful experiences
- The crying baby HOPES that if he yells loudly enough, someone will help him out of his distress
- Some babies never cry, even when they are in severe distress.
- Often these babies have GIVEN UP looking for help because they have realized that either no-one is coming or no-one is going to be able to rescue them. They have lost hope

- Some doctors at Red Cross Hospital in Cape Town have found that many of the critically ill babies who should theoretically be screaming in pain because of the nature of their condition – simply lie there quietly. They suffer in silence.
- Many of them lie alone without parents to hold and comfort them
- The tragedy is that when a baby is too exhausted or sick or depressed to cry, her parents might think she is fine and doesn't need their help.
- IF YOU IGNORE YOUR BABY'S CRIES FOR HELP OFTEN ENOUGH OR FOR TOO LONG, HE MAY WELL STOP CRYING
- Then you will think that "it worked" and you'll think you've done the right thing

- Maybe you'll be a bit right because maybe he will have discovered that he can comfort himself and he didn't NEED you
- Maybe it'll make him INDEPENDENT in a way, because he will learn to defend against his dependency needs
- But GAINING INDEPENDENCE is NOT the psychological task of infancy. TRUST IS!
- The danger in leaving your baby alone to cry is that the real lesson you'll teach him is that you are NOT going to be there when he needs you.
- He might learn that he can't trust you and that is not great for his future mental health, nor is it good for your relationship with him (it makes some babies disconnect from their parents, and it makes other babies very clingy)
- A crying baby is asking for help and expressing his anguish. To ignore that for too long, often enough doesn't make sense for the most part

- People often opt for leaving their babies to cry in order to get them to sleep.

- I know that being a parent, particularly a mother, can be grueling, especially when you are desperate for a break from your baby or for sleep, and your baby just WON'T go to sleep!
- But most babies don't sleep exactly when and how their parents wish they would sleep. They have their own ideas and babies are OFTEN up in the night.
- It's not realistic to expect your baby to sleep through the night. Many of them don't, and that doesn't mean there is anything wrong with you or your baby
- But occasionally there ARE very real sleep problems. They have important causes that need to be understood.

- REAL SLEEP PROBLEMS ARE MUCH MORE THAN JUST A BAD HABIT.
- The first thing you need to do if you are worried about this is take your baby to your paediatrician to rule out any physical problems
- Psychologically speaking, sleep problems are often linked to unresolved grief in one or both parents, more often in the mother
- Separation anxiety is often at the root of infant sleep problems. When your baby goes to sleep he is alone in his mind and there is a kind of separation between him and his mom
- British psychoanalyst, Dilys Daws has found that when a mom has experienced a previous loss of someone close to her (like her own mom, or a miscarriage, or another child) she is more likely to have a baby who struggles to sleep because of separation anxiety. This is also true when there is a history of infertility or if THIS baby's life was threatened in some way, either before or after the birth
- I talk a lot about this in *babies in mind*, but basically when a mom is afraid of losing her baby, there are often sleep problems
- Leaving your baby to cry under these circumstances would be futile and it would be missing the point and not getting to the core of the problem.

- Basically these babies stay awake in order to reassure themselves and their parents that they are all alive and well and they still have one another.
- But it isn't only about separation anxiety and unresolved grief. Anything that makes a baby feel emotionally insecure could cause sleep problems, including relationship problems between the parents, and emotional/physical distress in either parent
- Again, leaving your baby to cry under these circumstances isn't the solution. It's a better idea to try to address the underlying problem

- But there are EXCEPTIONS to the rule of not leaving your baby alone to cry

- MATERNAL STRESS AND ILL HEALTH AND POSTNATAL DEPRESSION (there is a pnd self rating scale in my book, as well as an anxiety and depression self rating scale. If you think you might be depressed, either do these scales to see, or get help without delay)

- When you are going out of your mind and can't cope or when you feel so consumed with rage that you want to physically harm your baby, it is better (the lesser of the 2 evils) to leave your baby alone to cry
- Parents often leave their babies to cry when they are really angry and fed up, and that is understandable. But it is a sign that those parents need support. They would benefit from seeing a clinical psychologist or a parent-infant psychologist

- Motherhood can be exceptionally challenging!
- You might be completely frazzled and sleep deprived and desperate, and you might feel you have hit your limit of what you are realistically able to give

- Under these circumstances, your priority should be to get help for yourself, and if your baby is left to cry from time to time, then so be it
- But where possible, try to hand your baby over to someone else, your husband, mother, friend, etc, preferably someone your baby is close to
- I know it can be very hard to hand over a crying baby, but it is preferable to leaving him alone when he is struggling
- Paid help is a good idea when you are struggling with the demands of motherhood. That is, night nurses, a nanny, babysitter, etc

- Some babies are particularly difficult in that they are more demanding, they cry a lot, don't sleep well and are difficult to soothe
- There are various reasons for this and physical causes should always be ruled out before you go any further
- But often these high maintenance babies have REGULATORY DISTURBANCES and they just need a lot more than other babies
- It is very hard being a parent under these circumstances, and if you have a high need baby, you may really WANT to leave him alone to cry and you will probably get fed up and exhausted and exasperated with him
- It's worth seeing a psychologist if you find yourself in this difficult position, you may need support!

- Of course, the ideal person to get support from is the baby's DAD. Use your baby's father as much as possible, and try to involve him and give him a chance to bond with his baby
- This will give you time off, and it will give your partner an understanding of what you go through if you are the primary caregiver.
- It is also really good for the baby, and for the bond between the baby and his dad.

- In conclusion, if you have the physical and emotional strength, try not to leave your baby alone to cry

- But if you can’t manage the anger, the stress and the exhaustion any longer and you feel your baby will be better off alone for a few minutes, then either do it or hand him over to someone else
- But if you find you’re doing this a lot, get support from your family, spouse, friends, or pay someone to help you at home and with the baby
- Also, consider making an appointment with a psychologist if you feel you need some help and some perspective

WORKSHOP 9

THE FEEDING DANCE

Background reading: *Babies in Mind*, chapter 4

Additional reading: *When breastfeeding isn't blissful*.

Notes to practitioner:

i. Feeding includes breastfeeding, bottle feeding and eating solids. All are relevant and all should form part of the discussions.

ii. Discussion will no doubt arise about breastfeeding versus bottle feeding. Be sensitive to mothers who did not manage to breastfeed as they often carry guilt and regret. Do not allow them to be judged by other participants.

iii. Encourage breastfeeding where possible, but be guided by your clinical judgement about what is best for each mother-baby couple.

iv. Discussion will probably arise about facilitator/regulator styles of feeding (ie, routine versus demand feeding). Be aware and conscious, and be careful not to be drawn in. Point out the different styles (when they are discussed) and how each one has benefits and shortcomings, but the middle ground is usually the healthier option.

- **Ice-breaker:** Ask all participants (including the practitioner, if you are willing) to bring a baby photo of themselves to the workshop. Collect the photos together and have the group try to identify which photo belongs to which participant.

- **Practitioner input:** The relationship between a mother and her baby is like a love affair. The baby's first! The template on which all future love affairs will be based. The feeding relationship between a baby and mother is like a dance between them. It can be beautiful, but it can be tricky too,

with stumbling, falling, stepping on each other's toes, etc. In the beginning, particularly when breastfeeding, you are both learning the dance together.

- **Group discussion**: How is the feeding dance going with your baby? What is your dance partner (baby) like? What are *you* like as a dance (feeding) partner? Are there fights between the two of you around feeding?

- **Group discussion:** What feeding problems (if any) has your baby had and how is your baby's weight gain? Does your baby enjoy feeding, is she eager to feed or does she tend to reject the feeds?

- **Break for tea and cake**

- **Group discussion:** How often is your baby feeding? (Allow for difference and remind participants that there is no right or wrong and that babies differ according to what they need.)

- **Group discussion:** How does feeding your baby (including the problems there may be with feeding) make you feel in yourself and about yourself? (Eg, empowered, confident, indispensable, important, inadequate, useless, worthless, frustrated, angry, despondent, close to your baby)

- **Group discussion**: How does your baby's way of (and attitude to) feeding relate to and fit with your particular relationship with your baby? How does

your baby’s relationship to food compare with your own relationship with food?

When breastfeeding is not blissful

Adapted from an article written by Jenny Perkel for *Living and Loving* magazine, 2008

You've heard it over and over, time and time again: *Breast is best*. That is the truth and there is overwhelming evidence from massive bodies of research that babies are a lot better off physically when they are fed with breastmilk. Psychologically, breastfeeding also is hugely beneficial for babies. Breastfeeding can indeed be blissful, and it often is, both for the baby and for the mom. But sometimes it is not. That is the reality, unfortunately. Sometimes it is the baby who, for a number of different reasons, cannot seem to manage breastfeeding.

Sheena is a first time mom and she is fully aware of how important breastfeeding is for her developing baby. She never expected to have any problems with breastfeeding, and she was shattered when her baby struggled to latch and failed to gain weight. Sheena was bitterly disappointed and very confused by all the advice she was being given. She consulted with a breastfeeding specialist, but things still did not improve. People advised Sheena to persevere because there should be no real reason why her baby couldn't breastfeed. Sheena was desperate and her baby was clearly suffering. He would scream with hunger but then refuse to take the breast, or he would begin sucking, then turn away and refuse to take more than a few sips. Sheena was beginning to feel she had failed as a mother because she couldn't feed her child. She tried expressing breastmilk, thinking that perhaps her baby might find it easier to latch onto the teat from a bottle. She was right. That was the only way her baby would drink. So Sheena spent her days in an exhausting, endless cycle of expressing breastmilk, bottle-feeding, washing and sterilizing bottles and so on. She continued to

persevere with the breastfeeding, but it led to such stress and anger in both her and her baby that she eventually gave up after 4 months of relentless struggling.

Sheena did all the right things and although she cannot be faulted in any way, she felt that people were pointing fingers at her and accusing her of being a bad mother because she couldn't feed her child the ideal way. She felt terribly guilty and she spent hours, day and night trying to figure out what she was doing wrong and why. The doctor and the midwife that she consulted could not offer her any real help. They suggested formula feeds, but the baby refused to drink formula. Sheena felt extremely anxious and inadequate, knowing that she alone was responsible for feeding and nourishing her baby.

Psychologist and author of "The interpersonal world of the infant", Prof. Daniel Stern, says that a mother (particularly a new mother) carries the psychological burden of believing she is responsible for keeping her baby alive. It is true that babies cannot survive without a mother (or substitute mother) to take care of them. Feeding is central to a baby's survival. It also occupies a huge part of a mother and a baby's day and night in the beginning. If there are problems with feeding, everyday life becomes fraught with anxiety and frustration for both the mom and the baby. At a deep psychological level, the mother's fear is that her baby will die because she is not able to feed him. This fear is amplified if the baby is not gaining weight normally or if he is sickly. With good reason, mothers are often quite focused on worrying about their children's eating well beyond babyhood. It is true that nutrition plays an essential role in the physical and emotional health of children. But perhaps the concern that mothers continue to have about their children's eating patterns is a remnant of the early days of knowing that babies need a mother's milk (or substitute) in order to survive.

But sometimes the breastfeeding struggle is located more in the mother than in the baby. Breastfeeding can be painful (usually just for the first couple of weeks, sometimes longer) and it can be physically tiring and draining. It can feel as

though every last drop of energy has been zapped from you and you have been squeezed dry. The demands of a breastfeeding baby might be slightly higher than in a bottle fed baby, partly because breastmilk digests more quickly, so breastfed babies tend to feed more often. Nights are notoriously tricky, particularly perhaps for devoted, conscientious moms who are determined to be there for their babies when they are needed throughout the night. The breast might be needed quite a lot at night (perhaps partly for comfort and security). The best and the worst thing about breastfeeding is that no-one can do it for you. Not even at 3am. You might still choose to continue breastfeeding, knowing all it's incredible benefits, but you might have less of a spring in your step about it than those enviable *blissful breastfeeders.*

Perhaps you experience the intimacy of breastfeeding to be too intense. Besides sex, there is probably no other time that you can be closer to another individual. You might feel uncomfortable and find it too sexual. The nakedness and physical contact can make you feel embarrassed, especially if it is tinged with erotic feelings. You can feel exposed, vulnerable and shy. Occasionally, mothers express concern about feeling sexually aroused during breastfeeding. If there was any kind of abuse in the childhood of those moms, they might feel deeply disturbed and terrified that they could potentially sexually abuse their own baby. This could obviously send a mother sprinting as fast as she can away from breastfeeding. Parent-infant psychotherapy or therapy with a trained mental health practitioner would be indicated when these kinds of issues arise.

Zinzi's baby was 3 months old. Breastfeeding was highly evocative for Zinzi. She found it hard to sit down and feed her baby, apparently because she had such a busy life. She would rush through the breastfeeding whilst talking on the phone at the same time. She didn't look at her baby whilst he was feeding and she didn't allow herself and her baby to take the time to connect quietly and to bond during the breastfeeding. She felt awkward and uncomfortable having a baby drink from her own body. It made her feel like an animal. She just hoped and prayed each

time that it would soon be over. The only thing that kept Zinzi breastfeeding was guilt. She knew it was important for her baby and she didn't want to be a bad mother. A family friend referred Zinzi to a parent-infant psychologist. She began to understand that her reluctance to be close and connected to her baby was linked to her difficult relationship with her own mother who had been harsh and cruel to her when she was a child. Thankfully, after about 6 consultations Zinzi found it in herself to stop rushing and start tuning into her baby, especially during breastfeeding. She discovered the joy of breastfeeding as the priceless time when she and her baby could bond together.

It doesn't necessarily mean that you had a difficult childhood if you struggle to manage the intimacy of breastfeeding. There are a myriad of reasons that can contribute to your feelings of discomfort around it. Some moms don't like to lose their freedom or have their wings clipped. This is especially true if you did not want or plan your baby and you are not comfortable putting your life on hold. It is perhaps also true for very young mothers who do not feel ready for the overwhelming everyday demands of motherhood. You might be highly anxious about the effect that breastfeeding will have on the appearance of your breasts and your sexual desirability. You might be uncomfortable with feeling like a dairy cow as opposed to a sex goddess. Perhaps you are concerned about losing your partner's love or his sexual interest in you. A sizzlingly sexual moment with your loved one might be somewhat dampened when your breastmilk starts leaking... a sneaky reminder that a passionate sex life and breastfeeding often don't go hand in hand. In fact, consider yourself lucky if they happen in the same decade.

Another possibility is that if you are grieving the loss of someone you loved deeply, you might feel too vulnerable and emotionally fragile to breastfeed. In fact, you might struggle to keep a close and loving connection with your baby if someone close to you has recently died. New moms can also feel attacked, devoured and mutilated by their babies who can sometimes suck on the breast

with a force that has to be experienced to be believed. Unless you are a masochist, there is nothing blissful about that.

A breastfeeding relationship is a highly dependent relationship. As long as she is breastfeeding from you, your baby literally cannot live without you, although of-course if necessary there are other alternatives such as bottles. But if you are breastfeeding, you are crucial to your baby, and she needs you a great deal of the time for your life-giving milk. If you have an aversion to being needed and relied on, this can feel unpleasant and even frightening. You might want to get away from this creature who needs you so much. Perhaps you have a powerful need to be independent and a great fear of your own dependency. Psychologists and parent-infant therapists are familiar with all of these issues and they can help you to deal with them.

Our society makes breastfeeding in public (like shopping centers) difficult. It is not blissful to be standing in a queue with a hungry, wailing baby and to be left with the option of either whipping out a breast in public – or leaving your much-desired place in the queue to search for a private feeding spot. In addition, you might well discover that the only place where you can feed in private is the ladies' loo. Why society expects babies to take their feeds in toilets is entirely beyond me. There is often a prudish and disapproving attitude towards breastfeeding in public. This is entirely unhelpful for babies and their breastfeeding mothers.

Some mothers are not fortunate enough to be able to breastfeed even though they might long to do so. Certain physical and mental conditions or the reality of having to take certain toxic medications might take the choice of breastfeeding out of your hands. Your doctor or paediatrician can advise you about this. It can feel deeply painful for a mom not to be able to make the choice to breastfeed her own baby.

Of-course, you want to be a first class mom. But perhaps you might be one of those unlucky ones for whom breastfeeding has been a disappointment. Like so many other things around early parenthood and life in general, there is the idyllic expectation about how perfect it is all supposed to be, and then there is the reality of how things just are. Your baby will learn that many times in her life. If breastfeeding has been a struggle or if she didn't have it at all, that is her first experience of the *real* world as opposed to the *ideal* world. She'll be fine. It may not have been perfect, but with your love, care and sensitivity towards her babyhood needs, it will have been good enough. If you haven't had the privilege of being a blissful breastfeeder, that is sad, but at least your baby still has *you.* She can live without your breasts. It's you she really needs.

WORKSHOP 10
THE IMPORTANCE OF TRUST

- **Ice breaker** Before the workshop the practitioner should make a list of common traits in babies (positive, negative, funny). Slowly read the list of traits to the group. When a parent hears a trait that describes their own baby, they should stand up.

- **Group discussion:** Ask each of the participants to reflect on and answer the following questions.

i) Do you have a basic sense of trust in the world/yourself as an adult and did you trust when you were a child?

ii) How safe do you feel? Do you generally feel afraid, mistrustful and threatened? (Eg of illness, death, flying, being let down or rejected or cheated on, being poor, losing a loved one)

iii) Do you suffer from insomnia or any kind of sleep disturbances, apart from being woken up by your baby?

- **Practitioner input:** The most fundamental psychological task that a baby needs to accomplish during the first year or two of life is that she needs to learn to trust. Trust is the basis of mental health. How do you know if your baby is learning to trust? It can be hard to establish at this stage, but some clues could be:

i) Her levels of courage and exploration of her environment

ii) Her ability to separate from you (although this varies from child to child and it changes, depending on the developmental shifts)

iii) Stranger anxiety (not really a reliable indication)

iv) Her mood, ability to engage with mother and others in the environment
v) Sleep quality
vi) Ability to play (depends on age of the baby)
vii) Bond and connectedness between mother (or primary caregiver) and baby

- **Group discussion**: In what ways have you or are you helping your baby to develop trust in you and the world? (Eg, a good breastfeeding experience, your availability, harmonious relationships in the home, etc)

- **Break for tea and cake**

- **Group discussion**: What are the obstacles or the threats to your baby's process of developing trust? (Eg, long separations between you are your baby, violence, abandonment, conflict in the home environment, mental or emotional problems in any of the caregivers)

- **Group discussion**: How can you help your baby to feel more safe and to develop trust? How can you continue to do this as the years go by?

- **Termination:** Begin this discussion about half an hour before the end of the workshop. Give workshop evaluation forms and ask for participants to discuss with the group how the workshop experience has been for them. Ask participants how they are feeling now and whether they feel ready to

end the workshops. Ask them what has been most useful and what has not been useful.

TRAINING NURSES OR MIDWIVES TO CONDUCT *BABIES IN MIND* WORKSHOPS

One of the most suitable places to communicate with and support new parents is at postnatal or well-baby clinics. For more about this, see Daws' article in the reference list below. Under certain favourable circumstances, nurses and midwives may be invited to conduct *Babies in Mind* workshops directly with caregivers – perhaps alongside the mental health practitioner if necessary. Some preliminary training may be advisable for these midwives, nurses or other counseling or health professionals. The workshops that follow are designed to be conducted by a *Babies in Mind* practitioner as facilitator and midwives (or health-care workers) as participants.

TRAINING CURRICULUM FOR *MIDWIVES*

Guidelines for midwives

- Support the mothers (or caregivers) and parent couples and encourage their natural ability to care for their babies. Empower them and help them to see the obstacles (sometimes unconscious) to giving their babies what they need.

- Observe and identify the states of mind of the parents and caregivers. Be alert to signs of depression, anxiety, addictions, suicidality, homicidality and relationship problems. Refer for individual psychological or psychiatric assessment where necessary and seek supervision when required.

- Refrain from judging or criticizing mothers, fathers or their babies. Be aware of the intense sensitivity that mothers may feel about being thought of as a *bad mother.* Don't over-identify with the baby but keep the baby in mind as much as possible.

- If there is any doubt about the baby's health, encourage the parents to consult with a paediatrician or medical doctor.

Objectives of workshops with new parents

- The workshops should aim towards **building the parents' confidence and self-esteem.**

- The workshops should be enriching, informative and they should provide an **opportunity to connect and feel understood**.

- The **mental health** of the parents should be a priority for the midwife. Any signs of mental illness should be addressed.

- Parents should be helped to develop a **better understanding of their babies' psychological needs.**

- Parents should be helped to understand more about the obstacles holding them back from forming a **secure attachment** with their babies.

- Parents should develop an understanding about the importance of their babies learning how to **trust**!

- Parents should be encouraged to **get to know** their own babies, and let their **babies be their guides** to parenting.

WORKSHOP 1

Needs assessment and introduction to the concept of *Babies in Mind*.

Explanation about how and why infancy is the foundation for mental health and why early parenting is so crucial for the future mental health of babies.

Establish - from the midwives' perspective – the apparent needs of her particular community of mothers and babies.

What are the most important mental health challenges facing the mothers and babies who attend the postnatal clinic? (including substance abuse pre and postnatally; bonding difficulties; HIV; poverty; physical, sexual abuse; large families – not enough space between pregnancies)

What are the most appropriate and useful topics that should be covered in the workshops to new mothers?

What is the most practical and feasible approach to offering support and guidance at the postnatal clinics (length of time of workshops, time of day, space, size of the group of mothers in the workshops)

WORKSHOP 2

The importance of 'trust'

Why is trust important in the mother-baby relationship? (Basis of mental health. First basic psychological task, and central in first year or two of life)

How do you establish trust in a baby? (The dangers of leaving babies alone or in the care of siblings or others who cannot be expected to take responsibility; abuse; neglect; too many siblings)

How do you know if your baby is learning to trust?

WORKSHOP 3

Postnatal depression

Signs and symptoms of postnatal depression (pnd)

Incidence of pnd

Treatment and management

How to avoid pnd

Strengthening the emotional resilience of mothers

The value of support networks

Edinburgh Postnatal Depression Scale – self-rating scale which helps to detect pnd

Note to midwives: This is your opportunity to pick up on mothers who are not coping emotionally and who may be suffering from postnatal depression or anxiety. Please refer participants to their medical doctor, for psychotherapy or for a psychiatric evaluation where necessary. It may be wise to make these suggestions privately after the workshop has ended so as not to draw too much attention to the individual, but you can use your clinical judgement to make this decision.

WORKSHOP 4

Bonding

Discussion about how to establish a good enough bond with a baby.

Why is bonding so important**?**

Practical examples of securely attached behaviour in babies

Practical examples of insecurely attached behaviour

WORKSHOP 5

Crying babies

Crying is the way babies communicate

Developing an understanding of crying

How to help the crying baby

What is excessive crying? (how much is too much?)

When should you seek help?

WORKSHOP 6

Feeding

Feeding includes breastfeeding, bottle feeding and eating solids. All are relevant and all should form part of the discussions.

Discussion about breastfeeding versus bottle feeding. No judgement when moms can't breastfeed.
Encourage breastfeeding where possible, but be guided by your clinical judgement about what is best for each mother-baby couple.

Discussion around feeding, feeding difficulties, failure to thrive, appropriate weight gain, possible psychological reasons for feeding problems.

WORKSHOP 7

Sleep problems

Some possible causes of sleep disturbances, eg, pain and discomfort, illness, insecurity, separation anxiety.

How much do babies sleep?

Some possible solutions and tips for sleep disturbances

Workshop 8

High Need Babies

High need babies can be irritable, excessively demanding, very clingy, cry when left alone for one moment, difficult to soothe, sleeping or feeding disturbances

Discussion of possible causes, eg colic, reflux, allergies, digestive problems.

How to help the high need baby and her mother

WORKSHOP 9

The role of the father

How involved are the fathers of the babies attending the clinics?

How can the moms encourage the fathers to be more involved?

Discussion about why babies need their fathers

Workshop 10

Care of the midwife (burnout and other challenges)

Discussion of the major stressors and difficulties facing the midwives, at work and perhaps also in their communities

How do these challenges impact on their working lives?

Discussion of constructive solutions where possible

Discussion of how to handle stress, and where to find support and guidance

READING LIST

The references listed here serve as the basis of *Babies in Mind*. It is worth using this list as a guide to familiarize yourself with some of the most important literature associated with infant mental health and parent-infant work. This list of readings is not comprehensive, but it should be part of your background reading. The reference list at the back of *Babies in Mind* (the book) is also worth examining and should also form part of your reading.

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