Vol. 32 No. 1 | Spring 2024

Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

Contents

From the Editors,
M. Foley, J. Barlow and S. Maharaj.....1

Discovering the meaning of 'Amae' and its use in Infant Mental Health work and Beyond,
H. Watanabe and S. Maharaj.....4

Early Childhood Community Practitioners' analyses of new mother's challenges in Alexandra Township South Africa: a collaboration between academics and practitioners,
J. de Klerk, N. Dawson, J.-H. Chen, F. M. Reich, S. Delansay, M. Kunst, D. Collado, T. Khumalo, L. Khoza, S. Khumalo, F. Ramoshaba, M. Rumo and M. Matlaila.....8

Book Review. Daws, D., with Lumley, M. (2023). Quietly Subversive. The Selected Works of Dilys Daws. New York, London. Routledge, Taylor & Francis Group,
M. Foley.....13

Book Review. Finding your way with your baby. The emotional life of parents and babies (2nd Edition). By Dilys Daws and Alexandra de Rementeria,
L. Keegan.....18

WAIMH news

Perspectives IMH survey,
.....19

WAIMH and Global Crises – a brief history and a way forward,
A. Berg.....20

From the Desk of the WAIMH President,
C. Paul.....22

WAIMH Executive Director Corner,
K. Puura.....24

News from the WAIMH Central Office,
N. Aalto, K. Puura and R. Latva.....25

WAIMH 2024 Interim World Congress flyer,
.....27

Call for bids for the WAIMH 20th World Congress 2028,
.....28

Perspectives IMH flyer,
.....29

From the Editors

By Maree Foley (Switzerland), Jane Barlow (United Kingdom) and Salisha Maharaj (South Africa)

Welcome to the April 2024 edition of WAIMH *Perspectives in Infant Mental Health*. This edition marks an intentional focus within Perspectives to pay close attention to issues of diversity, equity, inclusivity and belonging in infant mental health practice, research, and policy. This reflects our acknowledgement that the Global North has access to resources that propel a particular perspective on infant rearing, attachment relationships, and family systems, and that the large research and policy base, developed as a result of this, do not reflect the needs of the Global South.

In response, WAIMH *Perspectives in Infant Mental Health* is committed to,

1. Publishing high-quality diverse, equitable, and inclusive content across its publishing platforms (the full issue publication, the WAIMH webpage, and WAIMH social media platforms)
2. Advocating for racial equality in the content we publish and ensuring that more voices are represented and amplified as part of WAIMH
3. Addressing biased perceptions within the field of infant mental health and ensuring that the rich and diverse multi-faceted contexts, and the multi-level unique relationships that infants grow and develop within, are represented in or platforms.

As a publication, we are actively engaged in articulating the implementation processes and practices that guide all aspects of the publication from calls for papers, to the review process, and issues regarding accessibility.

The remainder of this column is divided into three main sections:

1. IMH papers
2. WAIMH news, and
3. The WAIMH Perspectives Survey announcement.

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

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Perspectives in Infant Mental Health is a quarterly publication of the World Association for Infant Mental Health. ISSN 2323-4822. All opinions expressed in Perspectives in Infant Mental Health are those of the authors, not necessarily those of WAIMH's. Permission to reprint materials from Perspectives in Infant Mental Health is granted, provided appropriate citation for source is noted. Suggested format: Perspectives in Infant Mental Health 2024, Vol 32 (1).

Infant Mental Health papers

The first paper in this edition is based on a recent interview that Salisha Maharaj conducted with WAIMH's newly appointed Regional Vice President, Dr Hisako Watanabe. This paper, *Discovering the meaning of 'Amae' and its use in Infant Mental Health Work and Beyond*, provides a window into Dr Hisako Watanabe's rich Infant Mental Health work that honors the deep wisdom inherent in Japanese ways of being. Her approach provides a framework not only for infant mental health practitioners but also clinicians who support individuals facing humanitarian and environmental crises around the globe. The paper has been produced by Salisha Maharaj and Jane Barlow, based on the interview with Dr Watanabe. Of note, you can read more about the immense contribution of Dr Watanabe, to infant mental health in Japan, Asia, and globally, in the previous issue of Perspectives in Infant Mental Health. WAIMH Awards 2023 - Perspectives

Next, is a descriptive paper that provides insights into the lived experiences of mothers with infants, from the Alexandra Township, in South Africa. The paper, *Early childhood community practitioners' analyses of new mother's challenges in Alexandra Township South Africa: A collaboration between academics and practitioners*, has been written by Josien de Klerk, Nicola Dawson, Jo-Hsuan Chen, Fiona Marie Reich, Sofie Delansay, Marijne Kunst, Dolça Collado, Thandiwe Khumalo, Lerato Khoza, Senzekile Khumalo, Florence Ramoshaba, Mamikie Rumo, and Mariet Matlaila (South Africa). This collective brings into view the rich expertise of the infant mental health lay practitioners (ECCPs) and represents a collaboration between intervention implementers in the field with cross-disciplinary academics. The authors highlight the importance of creating pathways in which the expertise and experiences of the lay workers can be shared not only with families, but also with other practitioners, researchers, and decision-makers. The authors state that this process, "has the potential to allow for the improvement of culturally and contextually appropriate infant mental health service provision and the development of the infant mental health field as a whole".

What follows are two book reviews of books written by Dilys Daws. Dilys is a child psychotherapist, a long-standing member of WAIMH and a founding and establishing member of the WAIMH affiliate, the Association of Infant Mental Health, United Kingdom (AIMH-UK). Throughout her long and rich career, she has held diverse roles such as consultant to health practitioners in a baby clinic, child psychotherapist, public health promoter and speaker, and writer. She has also held leadership roles in organizational settings, such as the Association of Child Psychotherapists (ACP) in the UK, and AIMH-UK.

Her book - *Finding Your Way with Your Baby: The Emotional Life of Parents and Babies (second edition)*, which has been written with Alexandra de Rementeria, was published in 2015 and reviewed here by Lauren Keegan. *Finding Your Way with Your Baby* is not so much a book of "what to do" with babies. Rather, it focuses on creating space to consider the complexities inherent in the experience of becoming a parent and how this can present itself in varying ways in the strengths and challenges of the emerging infant-parent relationship.

The second book reviewed is *Quietly Subversive. The Selected Works of Dilys Daws* written by Dilys Daws with Mathew Lumley and published in 2023. It is reviewed by Maree Foley. This book reflects 50 years of Dilys Daws' pioneering, creative, psychoanalytic-informed, real-world work as a child psychotherapist and therapeutic consultant. It includes a number of selected papers and book chapters, written by Daws, for child psychotherapists and health practitioners, with a section on selected papers written specifically for parents. An overarching theme of every chapter in the book is the consideration

and application of psychoanalytic theory and processing into everyday conversations in everyday settings with parents and their infants.

WAIMH focused news

In this section, we feature news from WAIMH beginning with *From the Desk of the President*: Campbell Paul. The Presidential address is followed by the WAIMH *Executive Director Corner* (Kaija Puura, WAIMH Executive Director). News from the WAIMH Office (Neea Aalto, Kaija Puura and Reija Latva) updates readers on recent WAIMH office activities and includes updates about the WAIMH interim Congress in June 2024 (Tampere, Finland).

This section includes a paper by Astrid Berg (WAIMH President-Elect), *WAIMH and Global Crises. A brief history and a way forward*. This paper reflects the ongoing work of the WAIMH Executive Committee to situate WAIMH as a global non-profit organization meaningfully into the humanitarian space as experts in infant mental health. Overall, this work contributes practitioner voices to global efforts such as the WHO and UNICEF *Nurturing Care Framework* Child Health and Development (who.int), who have have released a policy brief on Nurturing care for children living in humanitarian settings Nurturing care for children living in humanitarian settings: thematic brief (who.int). This brief explicitly addresses the global need for all international and local non-governmental stakeholders to include early childhood development policies for crisis-affected populations. They state that the work needs to "start with strengthening the identification of early childhood as a necessary component of humanitarian response" (WHO, 2020, p. 9).

Readers can access further information on the WAIMH resource page on infants in crises Infants in Crises - World Association for Infant Mental Health (waimh.org). Furthermore, readers may be interested to read a newly uploaded paper on the Infants in Crises webpage. This paper, Early Relational Health: A Model for Peace, has been written by Claudia Gold and Hoda Shawky, UMass Chan Medical School, Early Relational Health Fellowship Program. You can access this paper here: ERH_A_Model_for_Peace_Gold_S.pdf (ymaws.com)

WAIMH Perspectives in Infant Mental Health Survey

We conclude this issue with an invitation to participate in the WAIMH Perspectives in Infant Mental Health Survey. The Perspectives team have recently launched a Perspectives survey to WAIMH and WAIMH Affiliate members. Over the past few years, our WAIMH publication has evolved into an open-source online resource that includes access to current and past publications as well as social media posts. As we continue to grow as a publication, we are keen to hear from you about your ideas and experiences of Perspectives. Thank you in advance for your participation.

Concluding thoughts

On behalf of the WAIMH Perspectives editorial team, we would like to acknowledge and thank Dr Minna Sorsa for her many years of work as the Production Editor of this publication. Since the WAIMH Office moved to Finland in 2008, Minna has been instrumental in the production of and the digitalization of the publication. You can read about the development of the publication here: The Signal and WAIMH Perspectives in Infant Mental Health: 1993-2021 - Perspectives. We wish Minna all the very best and look forward to hearing more about her exciting work in the field of social psychiatry.

Finally, we thank each person for their interesting and thoughtful contributions. We welcome submissions from the field that challenge the way we think about infancy and early parenthood, assessment, intervention and treatment, culture, and community, and that offer fresh perspectives on policy, research, and practice. As always, we invite comments in response to what is published in WAIMH *Perspectives in Infant Mental Health*.

For those who are new to Perspectives, all issues of Perspectives can be accessed online, with past issues dating back to 1993 currently available by following this link: https://perspectives.waimh.org/perspectives-archive/. In addition, past articles are also available online in text format, which in turn can be shared: https://perspectives.waimh.org/

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Discovering the meaning of 'Amae' and its use in Infant Mental Health work and Beyond

By Hisako Watanabe (Japan) and Salisha Maharaj (South Africa)

Hisako Watanabe is a child psychiatrist in Japan who trained at the Tavistock Clinic in England in mid-career and returned to Japan to pioneer infant mental health practices in Japan. She has spent the last four decades of her career integrating western transdisciplinary, neurobiological, and psychodynamic approaches with the embodied and intuitive experiences of parenting. Watanabe uses her understanding from work with babies and families to explore how humans have survived, adapted, and developed over centuries. In an exclusive WAIMH Perspectives in Infant Mental Health interview, Watanabe shares below her ongoing exploration of the Japanese concept of '*Amae*' and her journey toward an integrated approach to Infant Mental Health that honors the deep wisdom inherent in Japanese ways of being. She transposes this understanding to that of creating a space for hope and revival of communities that have faced catastrophic disasters in Japan. Her approach provides a framework not only for infant mental health practitioners but also clinicians who support individuals facing humanitarian and environmental crises around the globe.

On the Root of Being Human

"Nearly four decades on since starting this work, and I am still learning from infants! I'm learning from infants about the root of what it is to be human, evolving from standing on two feet and then coming out of the rainforest and surviving, figuring things out along the way. How have we as humans gone from not having any words to relying on intellectual theories to make major decisions at the global level? While for a long time, we didn't have any words or theories, we now consider words and theories to be something we depend on in our everyday lives. But you know, in fact, looking back into the history of human evolution, use of theories came quite late, perhaps more abundantly after the industrial revolution of the West.

So, I am now humbly learning again about the roots of human existence and reflecting on the importance of '*being with*' and '*authenticity*'. And, this is an urgent theme for me, because while we can create good ideas and put them into words, there's no assurance that these language-based symbolic representation will work for people who do not rely on verbal representation to express ideas. Sometimes, words or language- or number-based frames can limit what's possible in terms of expressions and communication, including mutual understanding between people. I have learned over the years to reflect on and notice how I have internalized the western ways of valuing the written word, reading, and writing words to convey ideas and pass on wisdom. I have had to engage in very intentional unlearning of giving so much power to the written word and instead paying attention to much broader range of expression of what's happening on this earth in our current everyday life. Words sometimes fail to convey what is really the essence and meaning of life and what are the core ingredients that make people happy. For example, I am a pianist, and there are certainly things that I can only feel or express when I am at the piano, a kind of vitality affect. Artists and dancers may experience something similar where an internal transformation is possible through their artistic movement and expression. Words could have more potentials, when used creatively, as in poetry or in a song form, perhaps, far from very prescriptive and restrictive ways words are used in clinical language.

And this brings me to the importance of the underlying intention of communication, which for example, infants are highly receptive to and can sense whether what we are saying is from our heart or from our mind, and the underpinning intention. And there are many times when we are talking, that it does not come from our heart or our real intention, and infants, young children and adolescents, can perceive that and may find the person who is talking to be disingenuous or lacking in authenticity. And this is very important in our current times because I think that infants really need authentic interactions with their important people and environment because they live in a state of primitive anxiety from having to evolve in an unforeseen world, especially at this historical timepoint when things are very threatening in many respects. Capitalism and various other systems of oppression can erode authentic interactions by targeting the sacred relationships between infants and their caregivers through various stresses, pressures, and maltreatments happening in current societies. Young children and the new generations are always keenly aware of our motives and can discern whether what we are saying is underpinned by a genuine interest or is rooted in rhetoric and other motivations.

When we have a healthy ability to grasp the true intention behind the words presented to us, then we can navigate ourselves much more wisely and securely. People who are secure inside, having been nurtured well with a secure attachment and have developed a very positive self-esteem and a basic trust in the world and life, can do better because they know they have the space to stop. This kind of space is something perhaps we adults in an industrialized world are losing while primitive people and younger human beings are more receptive to. And it is this sensing and space…that is so important in the helping relationship."

Vitality Affects of the Womb: Creating a Psychological Amniotic Fluid

"Vitality affects refer to a specific intrasubjective sense of energy, and a sense of aliveness. Vitality affects are a separate kind of experience that emerge in an encounter with dynamic movements, which are either conscious or unconscious. We have a lot to learn from the fetus, and from neonates and infants as they come *into* this world, with inner movement that leads to vitalization in ways that promote processes of inner change and in turn improves health. These days, many infants enter a world very different from those known by our indigenous peoples, or our ancestor's society, and the ways in which they manage to adapt themselves despite these changes if they are to survive. They have a plasticity and flexibility and competency that we should respect. We should respect all people without a voice, not only infants, but also other individuals born with congenital anomalies, and people who have been silenced by various systems of oppression and interpersonal violence.

Although Japan has modernized, we still have many silent people. These are the people who experienced the Great East Japan Earthquake and Tsunami in 2011 when the Fukushima Nuclear Plant was blasted following the earthquake and tsunami. These survivors are very modest and view silence as golden. So, there have never been any riots or protests despite the suffering of these people. But while they may pray silently, this is at the cost of their ego expression, because while superficially their towns have been rebuilt, the mourning of the losses of the deceased and the losses of their land and their community are only really beginning now. People are only now slowly speaking out and sharing these feelings and experiences, and I'm sure this process will take decades and decades because there are many people whose remains have yet to be retrieved and there are many, many painful stories that are still hidden inside families. And while the new traumas such as the Great East Japan Earthquake and Tsunami of 2011 has triggered hidden, repressed conflicts of the past to come out as well, people start to feel complex emotions which make them too frightened to talk about and they continue to pretend that nothing has happened. However, there are people who realize that unless we face the reality and strive to save the stories and pass them down to the next generation, the next generation will also suffer from this trauma. So, while there is quite a spectrum of reactions in the aftermath of the Great East Japan Earthquake and Tsunami, I think it's an opportunity for us to really talk with each other.

This is where the infant mental health principles work very well, because I went into the disaster areas, where people generally do not want any intruders. Yet, I was invited to talk and I told them that learning in the field of mental health teaches us that we live in movement from the very beginning of our life in the womb until the very end of our life, when our heartbeat stops. This vitality affect begins inside the womb; look at the way the fetus moves! And it is movement which stimulates brain development. My sharing perspectives from infant mental health principles struck a chord with these people from the disaster areas and they kept inviting me to consult on cases of children, infants, or families about whom they felt confused or helpless or even hopeless. I would, using the infant-parent psychotherapy mode of reframing the interaction in a positive light, try to ease the care providers of their sense of hopelessness, and help them with their feeling driven to do something to make people better or restore them quicker. I told them, "*you know, this person comes to you and complains to you in such a furious, confused way. Why? Because you are the care provider and you have the whole trust of that victim who feels at home in your space. They are feeling like a fetus in your amniotic fluid. Your consistency, your patience, your concern...is creating a psychological amniotic fluid. And that is very important for them. So, when being in the presence of someone, pay attention to your gut…and when you start to feel from your gut, from your inside, then you will really start to resonate with the person with all the movements and all their words that you find so hard to hear.*" And they were very wise in utilizing my little bit of advice in terms of the person being in 'your psychological amniotic sack'. *So, let her kick, let her move. It's a sign of reviving.*

So, we need to be our true selves; open and receptive to the people who have been afflicted and survived calamity that we have not personally experienced, and we should really remember that the way we are suffering is their way of sharing a taste of the pains of their sufferings. So let us be thankful that we are being trusted to taste the agony that they have survived…because this agony will really become the basis of their resilience once it has been genuinely understood by someone."

The Journey to 'Amae'

"In my work, I have faced very depressed mothers who made me feel – 'if I send her out of this room, she might commit suicide at any moment'. I have also extensively treated young women who were dying due to anorexia. And while I found myself voraciously reading many good books to understand these situations better, there was one person who said, "leave the book… she [the patient] is an expert on her eating disorder" … and she helped me to understand about something called the *constructive use of ignorance*. This means, just forget about any academic or clinical knowledge you have learned already. Yes. Just forget about it… Just meet the person as they are, and to be open to the fact that you don't know anything about this person. Just as the baby comes into the world, frightened, but also very, very, curious, to relate to us. Such is the case with Hilde Bruch's, '*The Constructive Use of Ignorance*,' which is underpinned by the model of infants trying to live a good life, curious, open and very receptive, but not pushing anything, not intrusive, not labeling anything. And this really helped me to become much more open. So, I took each dying anorexic girl, very determined and challenging, as my teacher, to teach me through the gut feelings of what it is like to have to push oneself into the dying state *for survival*.

To explore this sort of approach further, I attended the third WAIMH Congress in Stockholm, Sweden, 1986. And lo and behold, I met T.B.Brazelton from Harvard University. He was studying infants and mothers in the Goto Islands off the coast of Kyushu, Japan, and he was talking to the audience, that how on these Japanese islands, child rearing was baby-centered. Everybody was on the same eye level with a baby because we the Japanese sit on the tatami mat on the floor… and the baby would initiate by saying "coo" and everybody, grandparents, parents and siblings, and everybody, neighbors, they would "coo" back to the baby. It was a harmonious world for infants. He told me, "your country has the most exquisitely, intricate, soft infancy, so go and study yourself and your culture." This was mind boggling, because having studied in medical school, this was a quite different way of thinking about the world. This made me curious to understand the genuine Japanese way of life. And this was how I arrived in the world of '*Amae*'.

Photo: Hisako Watanabe. Credit: WAIMH

'*Amae*' has to do with our understanding and perception of each other, and can often be experienced and expressed nonverbally… as in 'silence is golden.' *Amae* has been described as the desire "to depend and presume upon another's love or bask in another's indulgence (https://unseen-japan.com/debunking-amae/) and is perhaps nowhere better typified than that the mother-infant relationship and the tacit often non-verbal interactions that characterize this. I went in search of further understanding about this in Bangladesh to see Rohingya people in refugee camps. They didn't have written words, but they had oral communications of chanting and songs, gestures, and drawings. And so, there are people on earth, minorities who still cherish oral communication, tacit understanding and live with rich affective communication without written words. This is something I thought we must preserve for the sake of the future because we have become too intellectually armored, which has led to the impoverishment of our intuitive parenting and intuitive community life. But only bit by bit did I arrive at this understanding. All my patients, from all over Japan teaching me to be respectful of whatever they have experienced as wisdom, even shameful experiences that are taboo in our society, tacitly understanding that "you must be a person who has survived unspeakable agony and trauma". I am very curious to get in touch with people, who have lived beyond my horizon of understanding; and the more curious I am and the deeper I listen, the better I understand."

Expanding Infant Mental Health Concepts to Families Living in Current Crises

"I have contributed one chapter in the Infant Mental Health Handbook, which is due to be published this spring: a piece called *Reviving the Inner Nurturing Capacities of Families in An Unpredictable World*. In the chapter, I wrote about how I have over the years come to realize that infant mental health as a field of work has more potential than I had initially thought. It really provides the wisdom and understanding to those of us who are facing these global crises in terms of so many things happening at once. And my work with anorexia, disaster response, and the transgenerational transmission of trauma in the infant-parent psychotherapy model, have all come together like a puzzle, connecting, and reinforcing each other. While infant mental health and infant-parent psychotherapy work are often very much located inside the treatment room, they need to be applied in the evacuation areas and disaster response spaces as well. So long as we are true to our curiosity and genuinely wish to learn from cases in whatever situations, there is the potential for us to grow. And there are people in this field, who are natural infant mental health professionals, already doing amazing work that aligns with their community's cultural heritage and wisdom, but who have no 'academic' credentials. Those are the people that I would be honored to support. Local community members should be supported to get training so that even if babies and children are inside the disaster area, the local care providers are able to create a little bit of secure space, where individuals can be themselves, like children playing with each other and parents and children finding moments of connection and joy. Parents finding moments of relief. Family members and community members can find their way to becoming themselves again. That sort of very simple essence of healing, learning, and growth is what I think the world should really start thinking about."

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Early Childhood Community Practitioners' analyses of new mother's challenges in Alexandra Township South Africa: a collaboration between academics and practitioners

By Josien de Klerk (the Netherlands), Nicola Dawson (South Africa), Jo-Hsuan Chen (The United States of America), Fiona Marie Reich (the Netherlands), Sofie Delansay (the Netherlands), Marijne Kunst (the Netherlands), Dolça Collado (the Netherlands), Thandiwe Khumalo (South Africa), Lerato Khoza (South Africa), Senzekile Khumalo (South Africa), Florence Ramoshaba (South Africa), Mamikie Rumo (South Africa) and Mariet Matlaila (South Africa)

Photo: ECCP Florence Ramoshaba visiting at home. Credit: ER Lombard and The Ububele Educational and Psychotherapy Trust

Introduction

In this paper, we present five web posts that were written by students from Leiden University College in collaboration with Ububele Early Childhood Community Practitioners (ECCP), in Alexandra Township, South Africa. The web posts contain and capture the expertise and experiences of the ECCPs in communicating with families with infants and young children, in their community.

The Ububele Educational and Psychotherapy Trust (Ububele)

The Ububele Educational and Psychotherapy Trust (Ububele) in Alexandra Township Johannesburg has been implementing a Home Visiting Programme since 2012 (Frost et al., 2018). The fourteen-week manualized intervention aims to improve the responsiveness of caregivers (mainly mothers) living in chronic stressful conditions. Alexandra Township, a previously "black" designated area under South Africa's Apartheid government, is an over-populated area on the outskirts of Johannesburg, and despite providing a vibrant home to many, is known for its dearth of supporting infrastructure and high levels of crime (Bain et al., 2017).

In designing the Home Visiting Programme, the developers attempted to integrate Western-developed psychological models of attachment theory with local indigenous knowledge, including the Nguni practice of *Umdlezane* (culturally sanctioned support for mothers of neonates).

The intervention is implemented by lay mental health counsellors, called Early Childhood Community Practitioners (ECCP), themselves women/mothers from Alexandra. ECCPs do not have further education and training, beyond school leaving certificates, but are trained in infant mental health service provision by Ububele and are salaried parastatal workers. The intervention is overseen by a team of psychologists working at Ububele and a programme manager with expertise in public health.

ECCPs write case notes after each visit which provide rich, detailed, reflexive accounts of the challenges mothers of newborn infants face in a setting with unequal access to maternal health services.

Background to the web posts

In 2022, Ububele and Leiden University College (LUC) initiated a collaboration to collectively, together with the ECCPs, analyse the home visit reports to better understand the context in which the home visiting intervention was implemented, and the challenges faced. The cross-disciplinary collaboration also

hoped to give voice to the experiences of the ECCPs and provide an avenue for them to publish their expertise.

In 2023, two collaborations between the ECCPs and anthropology and global health students from two Universities, one South African and one Dutch, took place. The first, a pilot collaboration, took place between one student from LUC and the full cohort of ECCPs and focused on father involvement. This collaboration resulted in a web post that was published on the Ububele website and the local Alexandra newspaper.

The second collaboration took place between the ECCPs, four Global Public Health (BSc) and International Justice (BA) students from Leiden University College and fourteen MA students of the Department of Social Anthropology and Development Studies of the University of Johannesburg. This virtual collaboration focused on an analysis of what ECCPs considered precarity. That is, everyday life situations that are considered precarious and create daily experiences of persistent uncertainty.

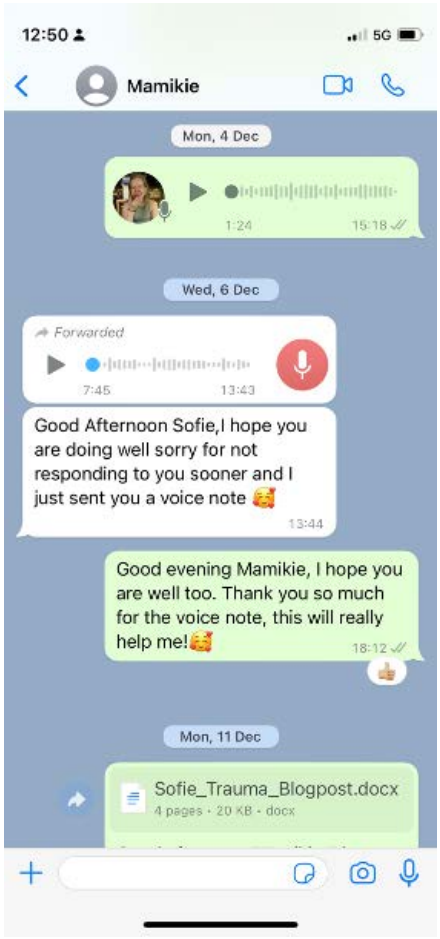

Photo: Students and ECCPs collaborating in the face of powercuts and across distance: Voice noting through WhatsApp. Credit: Sofie Delansay

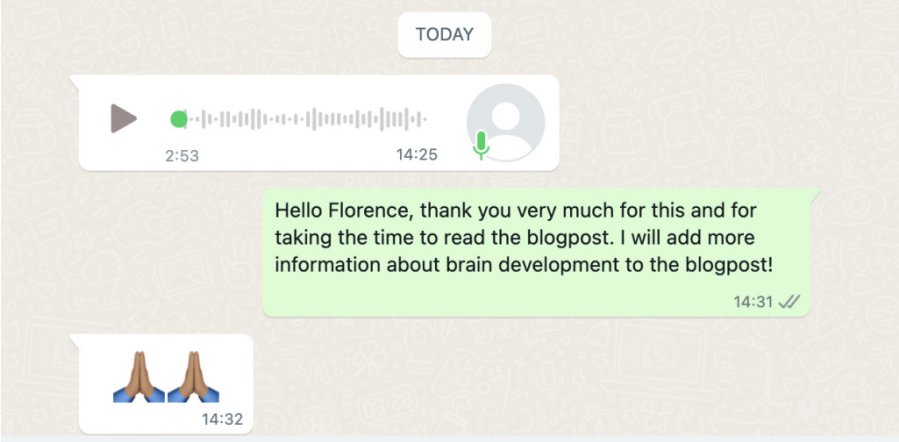

Photo: Students and ECCPs collaborating in the face of powercuts and across distance: Voice noting through WhatsApp. Credit: Marijne Kunst

Collaboration Outputs: Web posts about motherhood in Alexandra

The web posts centred around five themes identified during the initial 2022 analysis, identified by the ECCPs. Namely,

1. Post Partum Depression,
2. Involved Fathers,
3. Foreign Mothers,
4. Trauma, and
5. Living Conditions.

1. Post-Partum Depression

During the case note analysis, the theme of depression among mothers was prominent. The ECCPs and students agreed that post-partum depression would be a good theme for a web post, noting that it would also be useful for other practitioners or mothers in Alexandra township to know how ECCPs work with and notice post-partum depression. One of the techniques used is the monitoring of countertransference, whereby ECCPs use their feelings about a situation as a starting point for thinking about the emotional experience of the mother.

A web post Recognizing Post-Partum Depression: Being With Mom, *by Marijne Kunst (LUC) with Florence Ramoshaba and Senzekile Khumalo (ECCPs)*

Seeing me coming before even greetings she immediately said she was thinking about me. I asked her why. She looked away and said she was just thinking of me. Her eyes became teary and her voice faded for a moment. I tried to find her face but she went inside the house to fetch a chair for me. I stood outside for a while and she came holding a chair and a bucket. I [choose] to sit on a bucket while she sat on a chair. For a moment there was some quietness. I was not sure how to start this visit. So many questions on my mind and not knowing where to start. - Thandiwe Khumalo (ECCP).

Whether you are a first-time mother, a foreign mother (see our description of this term below), or just a mother living in Alexandra, we ECCPs from Ububele know that motherhood can be a challenge. As mothers ourselves we have been through the same challenges. Ububele's home visiting program has been running since 2012. It includes four pregnancy visits and ten visits after birth, covering topics like your thoughts about your pregnancy, and understanding baby's signals. Given how difficult parenting is, we tell mums 'abazali abazamayo': good parents are simply parents who keep on trying. Babies have thoughts and feelings and we help you understand this and respond properly. We are not there to judge you.

The most important part of our work is being there for mothers, really listening, and creating space for all emotions to exist. Sometimes mothers share difficult stories, for example, about abuse or losing a baby, and in these moments especially, it is so important to us to listen and be with you. We also ask questions like. "How do you think you can help yourself to deal with that?". We think together about solutions.

Sometimes new mothers feel low after birth. This could be postpartum depression and it is crucial to receive help. Important signs that you might be depressed include not responding to your baby, or staying in your room all day. Sometimes we also see houses becoming dirty, and mom not noticing. When we see these signs, we know you are struggling and try to find you help. We can refer you to a psychologist. As ECCPs, we also use our own feelings to recognize when mothers are struggling. When we are feeling very overwhelmed and worried in a situation, that shows additional support may be needed.

Being an ECCP means being with a mother. Although it may seem like a small action, it can have a huge impact. Motherhood is not something you are ever meant to do alone, and as ECCPs, we make sure you do not have to.

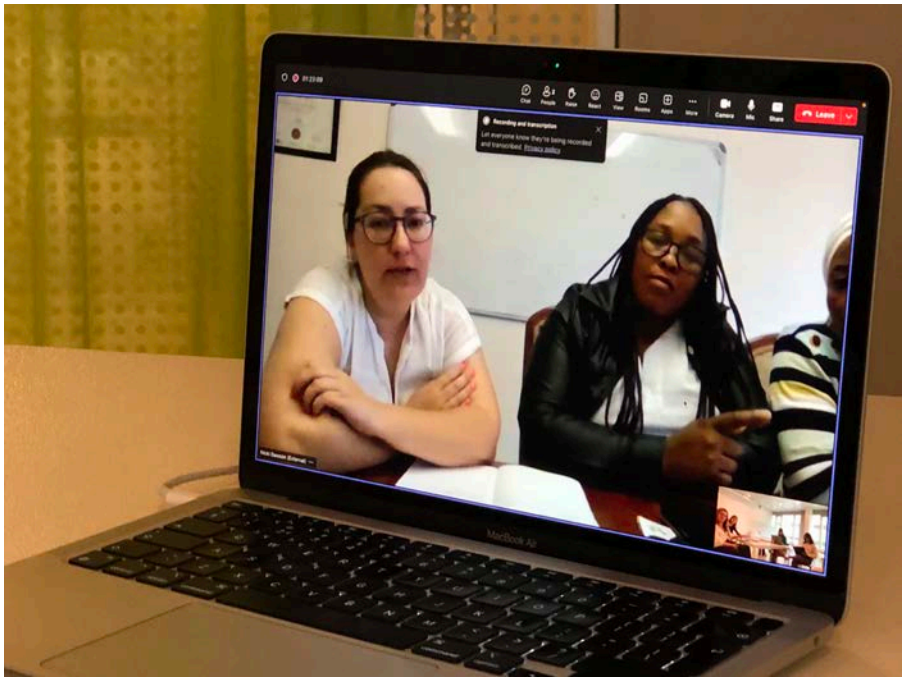

Photo: Students and ECCPs discussing the topics of the web posts through MS-Teams. Credit: Josien de Klerk

2. Involved Fathers

While some Home Visiting Programmes focus on the mother, Ububele includes all primary caregivers. Fathers are often seen to be uninvolved in South Africa. The ECCPs and students analysed what father involvement looked like in practice. Quantitative data was analysed to understand how many mothers listed the father of the newborn as a supportive person.

The following web post reaches out to parents, both mothers and fathers in Alexandra township:

Abibaba Abazamayo: Trying fathers, *by Mady Chen (LUC) and Thandiwe Khumalo, Lerato Khoza, Senzekile Khumalo, Florence Ramoshaba, Mamikie Rumo, Mariet Matlaila (ECCPs)*

How can we best support involved fathers in raising their children?

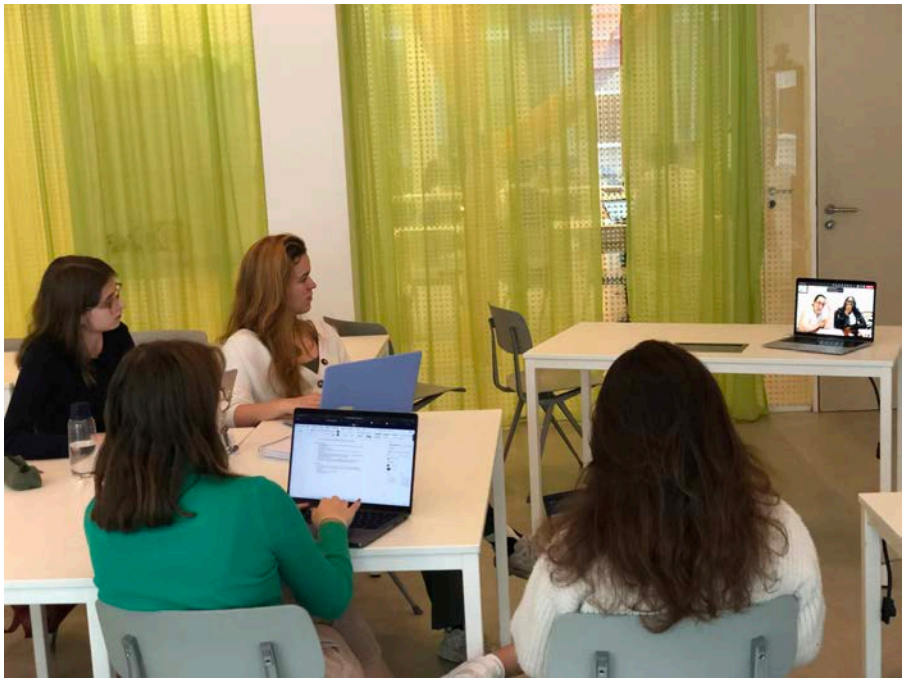

Photo: Students and ECCPs discussing the topics of the web posts through MS-Teams. Credit: Josien de Klerk

As ECCPs who work with families every day, we ask ourselves this question daily. In our visits, we see that many fathers are involved, and many more want to be involved. Between 2018 and 2023, we visited more than 1600 families, and 71% of the mothers told us that the baby's father was present. These moms tell us that they feel supported, and we see the babies connecting with their fathers. We met some fathers who bond with their babies by talking or singing to them, playing with them, and soothing them when they cry. Some of the fathers we met were physically separated from their babies, so they spoke to their babies over the phone.

We also met fathers who assisted with house chores, like cooking food to reduce the burden on the mom and waking up at night to take care of the baby. In addition, when we explain the Ububele home visiting project to parents, we see more and more fathers reading over the forms to truly understand the purpose of the home visits. Some fathers can even answer more questions about the baby during our home visits than the mother. As ECCPs, we try to encourage fathers to participate like this in our visits, but we sometimes face difficulties. Fathers must juggle many tasks. They are often at work when we visit, but even when they are home, they sometimes leave the meeting because they believe

that our work only involves women. This belief is not only held by fathers, as some mothers are also reluctant to introduce the father of their baby to us.

Sometimes, when the relationship between the father and mother is strained, it is difficult for us ECCPs to include both parents in the visit because the baby will also notice the tension and cry. In our visits, we have observed fathers who go for periods without talking to the mother, which makes it difficult for us if we want to involve them. We live in a community with different cultures and beliefs. The work that we are doing is hard, and how we were raised is completely different from the Western world. But as ECCPs, we see that the way we grow also shapes how we are as parents. Children whose fathers are more involved today will more often be present for their own children in the future. So, in your opinion, what can we do to support you as a father? Please leave us a message.

3. Foreign Mothers

In one of our collaborative projects, we asked ECCPs to select transcripts of moms that they were particularly worried about. They selected 17 mothers. The majority of these mothers were what Ububele calls foreign nationals or foreign mothers. This term is used to capture a diverse range of non-South African citizens living in South Africa in order to avoid the discrimination often associated with other terms which might emphasise the legality of the individual's presence in the country.

The analysis showed that the ECCPs were concerned for these mothers due to the lack of access to social and health services, but also at times due to discrimination and hardship they faced. This inspired ECCPs to write a web post together:

Challenges faced by foreign mothers in Alex: prejudice and social support, *by Fiona Marie Reich (LUC) with Thandiwe Khumalo (ECCP)*

A mom tries to call an ambulance for her husband, but instead of help, she's told to "go back home". This is just one of the many examples we as ECCPs working for Ububele encounter when we visit foreign moms. Every day, we see the struggles of those born outside of South Africa. This has been a prevalent issue all around the world and in South Africa; even a rise in xenophobia has been recorded. Through our work in Alexandra, we have discovered that those who are foreign nationals within this community have faced many challenges.

We have visited many foreign mothers, but we do not count the numbers so that they do not feel prejudiced against. When speaking to foreign mothers who have found support and friendship in Alex, some tell us they found a second family in South Africa, a home away from home. We also talk to mothers who face challenges. Some foreign mothers with young infants face verbal insults from strangers, but also from their partners or in-laws, sometimes leading to loneliness.

Foreign mothers also often have a more limited support networks and rely on their partners and his family, for example, to issue grants and take care of health and education of their child. For the mom, this can be an additional source of stress, as she does not have any authority or control over matters that are of utmost relevance to the lives of her children. Even when moms are seeking support, they are often confronted with a language barrier or are scolded or sent away. Additionally, mothers do not always have a work permit or birth certificate for their children. Especially foreign mothers who came to South Africa illegally are often unable to access government help, such as a SASSA grant (the Social Relief of Distress Grant of the South African Social Security Agency). Access to education for their children and health care is more difficult and more expensive than it is for moms who are South African nationals.

This of course has consequences for infants and children, who may suffer illnesses without treatment or cannot attend basic primary education. Our task as ECCPs is to be with every mom, to simply sit with mothers or listen to their stories. We find that a smile or a short friendly conversation can have much impact on those foreign moms who feel excluded by their family or community or who have no one to support them. What can you do to contribute to the inclusion of foreign mothers? Let us know!

4. Trauma

When ECCPs find mothers to be at risk, there is often a situation of past or present trauma. This can be very broad. It can refer to trauma because of past life experiences, such as parents who died or committed suicide, or present trauma because of intimate partner violence or violence such as robberies or rape of the mother, or an older child. Trauma also comes from having lost pregnancies or children. The following web post tried to capture this.

The Impact of Trauma on the Journey of Motherhood, *by Sofie Delansay (LUC) with Thandiwe Khumalo and Mamikie Rumo (ECCPs)*

A few years ago, I visited a mom of four who started having problems with her former boyfriend when she got pregnant with someone new. He started verbally harassing her over the custody of their children, and I wondered how this would impact her unborn baby. She had looked disturbed when I shared my concern and asked what I meant. After I explained, she fell silent, which happened often when talking about the baby. Moments later, she said my concerns brought up difficult questions, after which I asked her what was difficult. She didn't answer. – Thandiwe Khumalo (ECCP)

During our home visits from Ububele, we have seen how trauma experienced in the past and present can create challenges in motherhood. We want to help these mothers by providing support and by being with them through this journey. Many moms experienced trauma while growing up. Some of these traumatic events happened in their own homes, by the people closest to them, but often it was by strangers. For example, it also occurred that a mom was sexually assaulted when going to school. Many of these moms, however, still experience trauma, for example through persistent sexual or physical abuse. These events frequently happen in their own homes, by someone close to them.

Other forms of trauma do not relate to physical or verbal abuse. Examples include intense birth

experiences, such as a miscarriage or maltreatment by nurses during labor, or the death of a loved one. We have seen that these moms often feel unsupported and stop caring, as they have a lot on their minds and often only think about how things 'could have been' if the situation had been different. This could lead to a loss of attention towards their baby and the process of raising them, which can harm the child's development. Being exposed to constant emotional distress impacts a mom's ability to form a secure attachment bond with her baby, which could have effects on a baby's socio-emotional development. This is why maternal mental health is so important, both for the mother and her ability to take care of her child and for the child's development.

All ECCPs have gone through the motions and challenges of motherhood. If a mom is struggling because of experiences of trauma, we can be there to listen and support her. Besides this, many moms have expressed that they want to 'break the cycle', not wanting their children to experience what they did or wanting to learn how to heal. For instance, one mom, who used to be beaten when doing something wrong decided she wanted to be a better parent, and would rather explain to her children why their behavior was wrong instead of beating them. Do you recognize this? Please reach out to us.

5. Living conditions

One of the themes identified by the ECCPs and students, that created challenges for mothers, was living conditions. The web post below details how certain living conditions can make life for mothers in Alexandra more precarious.

The Influence of Living Conditions on Motherhood, *by Dolça Collado (LUC) with Lerato Khoza (ECCP)*

I found the mother busy fetching water. She wanted to bathe the baby. The baby was naked and he got paraffin all over. I asked the mother what was going on. The mother said that there was a fight next door. The man was fighting with his girlfriend and he took paraffin and everything outside. So the mother did not see the paraffin. The baby was playing outside and he splashed the paraffin all over his body. So the mother was so worried thinking that maybe the baby had drunk the paraffin, but the baby was playing all right and the mother said she is sure the baby did not drink the paraffin. - Ububele ECCP

In our work as ECCPs from Ububele, we see how living conditions, safety concerns, food security and community problems make daily life difficult for the mothers we visit. Security is a very big concern. Mothers worry very much about leaving their children alone, but sometimes they have no other choice. Because of the violence in Alexandra, mothers and their children can't be outside after 6 pm. Mothers are also very stressed about money for food. Many mothers struggle to afford groceries, even if they get the SASSA grant. Load shedding is also a big problem, as the power cuts cause food to spoil very quickly and make it hard to make a bottle for the baby.

As ECCPs, we visit many types of houses. Some people live in lovely houses, while others live in tiny shacks or unsafe abandoned warehouses. We often see how mothers attempt to improve the conditions in the house. But sometimes we see very dangerous situations for infants, such as electric fridges that shock, mould on the ceiling making breathing difficult, paraffin stove accidents or rat poison being left out near infants. Sometimes we see electric cables near rainwater, or shared toilets that are very dirty. We see lots of rats. Sometimes mothers are too worried about daily life to keep their baby away from these things. But many mothers are very worried about these things and do everything they can to try and keep their baby safe. This often means that they can't let their baby play and explore in a way that would best help their development, because they must most importantly keep them safe and keep them alive. We try our best to think with the mothers about how to help their children develop well despite these challenges. We hope that the conditions of Alexandra can improve so that it is easier for mothers to support their children to develop.

Conclusion

This descriptive paper provides direct insight into the lived experience of mothers from Alexandra Township, through capturing the rich expertise of infant mental health lay practitioners (ECCPs). The web posts presented above, provide a rich description of the impact of trauma, harsh living conditions, and maternal mental health struggles for mothers living in Alexandra Township, particularly for foreign nationals. It also shows a more nuanced picture of father involvement in South Africa, otherwise documented as simply "absent".

Most importantly the web posts emphasize the important care work of ECCPs. Collaborations such as this one, between intervention implementers and cross-disciplinary academics, allow for the valuable, rich expertise and perspectives of lay workers to be shared with families, practitioners, researchers, and decision-makers. This in turn, has the potential to allow for the improvement of culturally and contextually appropriate infant mental health service provision and the development of the infant mental health field.

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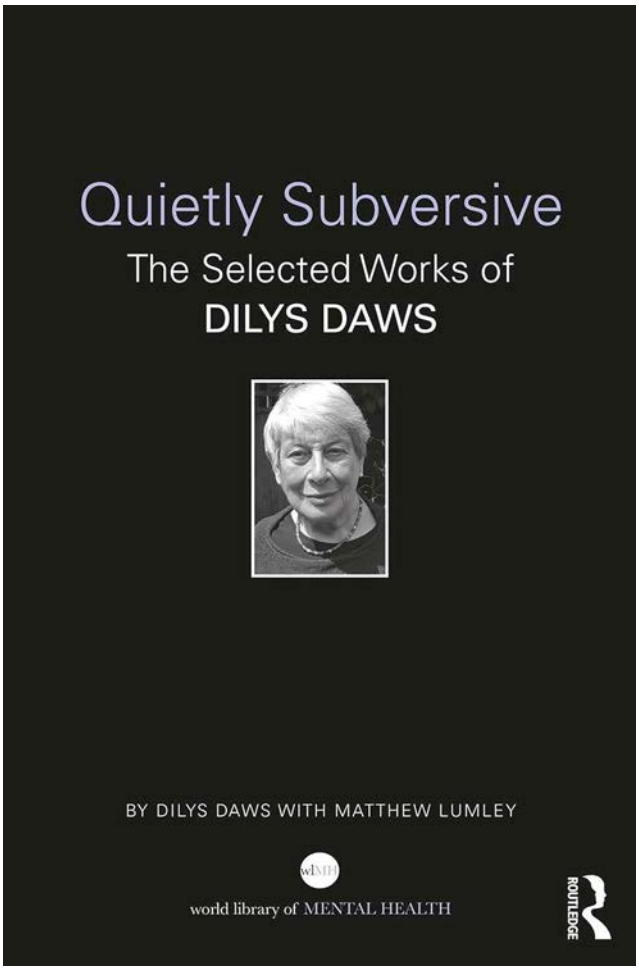
Book Review. Daws, D., with Lumley, M. (2023). Quietly Subversive. The Selected Works of Dilys Daws. New York, London. Routledge, Taylor & Francis Group

Reviewed by Maree A Foley
(Switzerland)



Book cover: Daws, D., with Lumley, M. (2023). Quietly Subversive. The Selected Works of Dilys Daws. New York, London. Routledge, Taylor & Francis Group

Quietly Subversive. The Selected Works of Dilys Daws is a recently released book, written by Dilys Daws with Mathew Lumley. The book reflects 50 years of Dilys Daws' pioneering, creative, psychoanalytic-informed, real-world work as a child psychotherapist and therapeutic consultant. Mathew Lumley was the primary editor of the book and was instrumental in helping Daws choose which papers to include. As a result of this collaboration, the book includes a vast array of selected papers and book chapters, written by Daws, for child psychotherapists and health practitioners, with selected papers written for parents.

The book focuses on Daws's work as a child psychotherapist across three primary focal practice contexts: A baby clinic in a GP practice in London, United Kingdom (UK), The Child Guidance Training Centre (CGTC) and its Day Unit, and the Tavistock and Portman NHS Foundation Trust.

In the United Kingdom, baby clinics are universally available to all families with children aged 0 to 5 years. The health practitioners are typically specially trained nurses and general practitioner doctors (GPs). The UK has a universal health coverage system called the National Health Service (NHS). It was established in 1948. The Tavistock Clinic, originally a privately funded clinic, in London, set up in the 1920s, became part of the NHS in 1948. Reflecting several mergers as a result of national public policy directions, the Tavistock Clinic, merged with the Portman Clinic and the Child Guidance Training Centre (CGTC), and is currently called The Tavistock and Portman NHS Foundation Trust.

Quietly Subversive

Daws describes her lens on the title "quietly subversive'. "Subversive means positively turning things over, uprooting…" (Daws, 2023, p. xiv). Every chapter in the book highlights elements of the rubric of Daws living quietly subversive in her practice. A core mechanism that informs Daws's turning things over, of uprooting, is her intentional application of psychoanalytic principles into current-day practices, across settings and contexts. Daws states at the close of her memoir chapter,

> Much of my work has been in disseminating psychoanalytic ideas and in supporting front-line works in other professions, in both writing and teaching around the country and abroad, and in political lobbying. Being 'quietly subversive' is about doing just that, helping to change ideas in a way that is manageable and makes people feel better about themselves. (p. xvi)

Daws's account of her 'quietly subversive' practice interactions, reflections, and challenges, is reminiscent of Selma Fraiberg's work across generations. Fraiberg described the emerging new psychoanalytic and relational knowledge about infants, early development, and their relationships with those who cared for them as "a treasure that should be returned to babies and their families as a gift from science" (Fraiberg, 1980, p. 3). "Quietly Subversive", is a gift. It shows how Daws in practice, across settings and decades, brought science back to babies.

The structure of the book

The book is structured into five thematic parts. Parts One and Two, focus on Daws' parent-infant mental health work as a consultant psychotherapist in the baby clinic of a GP practice, in Kentish Town, London. Part Three focuses on Daws' work with young children in a Day Unit, attached to the Child Guidance Training Centre, which later merged with Tavistock Clinic.

Psychoanalytically informed practice with parents and their infants is a golden thread that runs through these chapters. This lens includes paying attention to dynamics within institutional and multi-disciplinary professional relationships that may be influencing practice decisions, and in turn, the quality of outcomes for infants with their parents.

Part Four is oriented towards works written for parents. Especially new parents with infants. Finally, Part five includes five brief reflections on dimensions of practice, that she has presented over the decades at the World Congresses of the World Association for Infant Mental Health (WAIMH).

Being present

Daws refers to her early work with parents and infants as a process of working out "where to put oneself" (Daws, 1985) to best be able to linger, listen, observe, wait, and at best, offer well-timed reflections. She is present in the moment. Stern (2004) states that,

> … the longer the therapist can stay with the present moment and explore it, the more different paths, to pursue, will open up. I suggest that there is great clinical value in a more lingering interest in the present moment. (p. 139)

Similarly, as a writer, Daws has mastered the art of knowing where to stand so there is a lingering, reflective space, a transitional space, within which the reader can see the baby, the child, the family, the psychotherapist, and themselves. Daws arrives in each chapter, just as one imagines her arriving to meet a family, fully present. Her rich child and family descriptions and her unfiltered thoughts and conversations as a therapist in relationship with these children and their parents, invite the reader to be present, to reflect, and to wonder, 'what would I have thought, done, or said?'.

Therapeutic Consultancy: A Child Psychotherapist in a GP Practice

Part One invites the reader into the therapeutic consultancy practice with Daws, where, since 1976, she has been a child psychotherapist consultant to the health professionals in the baby clinic within a primary health care setting of a General Practitioner (GP) practice. This is a unique setting for child psychotherapists and Daws shows the benefits to infants, their families, and the staff, of her therapeutic consultancy role, in such a setting. Of note, this setting offers a longer window of reach, with families with infants and young children. That is, the clinic is open, and universally free to parents to make use of while their children are preschoolers. There is no, closing of a file, after a brief intervention.

From the outset, as a consultant, Daws balances both connection and enough reflective distance with the infants and parents she meets. This is evidenced by her non-judgemental stance anchored in an understanding that anyone who has, or who finds themselves caring for an infant, can "be thrown off balance by the experience …" (p. 3). Moreover, anyone includes herself. She shares, in the memoir section of the book, that following the birth of her second child, "I had some problems and went back to my analyst…. I wondered, who would I have gone to if I had not been in the therapeutic world?" (p. xiv).

Chapter one captures her seminal paper "Standing next to the weighing scales" (Daws, 1985). Daws describes herself, as finding her way in the baby clinic, to the weigh scales, to be the optimal place to stand, where she could best meet parents, alongside their health professionals. She says, "Bringing the baby to be weighed is the focus of the baby clinic. Parents can visit with no other ostensible reason than to weigh the baby" (p. 5).

Daws continues,

> It takes as much skill to stand next to the weighing machine as it does not to talk during a psychotherapy session … (p. 15)

> The skill of thinking on behalf of the patient is only evident if one says one's thoughts in words, but if one talks too much, reflective thought has no time to grow. Standing doing nothing equally requires skill if it is not to be puzzling and persecuting to the people around it. (p. 15)

Across the three chapters in part one, Daws observes, that in this period of parenting, even under good enough circumstances, "parents who have just had a baby are normally in a heightened state of emotion: life and death are part of the ordinary state of a baby clinic" (p. 17). Amidst the common themes of sleeping, feeding, weaning, separation and anxiety issues, parents seek out advice, can often use advice, and at other times, the advice falls short, and the problems don't pass or subside. At these times, Daws observes opportunities to wonder about relational issues that may or may not be top of mind for the parents. However, given a reflective listening and thinking space, "… often we then find relationship issues between the parents and the baby, such as separation problems, perhaps based on earlier bereavement and losses" (p. 16).

This brings into direct focus the golden thread throughout every chapter, a psychoanalytic approach to everyday conversations with parents about their babies, within a primary healthcare setting. Central to this approach is intentional reflective listening as an essential element of problem-solving that occurs before advice, is offered. It ensures that any proposed action is tailored to this baby, in this family, at this time.

Daws reminds us of the practice of intentional listening as a primary step in any intervention and as a primary element in the experience of the evolving working alliance between the therapist and the family. She said,

> When families are really listened to, even in brief work, it may enable them to feel that something crucial about them has been understood. They may be better able to understand and respond to

> each other and thus deal with their children's problems. (p. 16).

However, Daws does not shy away from the practice reality that, listening, really listening, is not always easy. It is a practice discipline that requires much self-reflection, supervision, and humility on the part of the therapist. It is both science and craft. Daws captures this when she says, "… if I am too self-contained, it must seem that my observations are for some unexplained private use; if I am too efficiently outgoing, mothers held me their baby books to check them into the clinic" (p. 15).

Daws reflects that the practice setting, the need for brief focused work in community health settings, "can make one pull out the essence of analytic technique" (p. 29). Daws further describes this as,

> … 'psychoanalytic thinking' to describe a stance from which to promote action. Psychoanalysis is indeed about reflection and self-reflection, what Bollas and Sundelson call 'psychoanalytic quiet', but this does not imply non-action. (p. 29)

Moreover, this psychoanalytic reflective space, in a primary health care setting, is not only offered to parents but also on offer to the staff.

> Helping the team learn to identify the feelings aroused by patients, to manage these feelings, and indeed to use them as a valuable source of information about feelings the patient might have been unable to tolerate. (p. 17)

Daws outlines the paradoxical therapeutic stance of being a consultant (an organizational outsider) to colleagues within the GP practice, who she describes as insider colleagues. Daws says that in a consultant role with other health professionals working alongside babies,

> A therapist can help colleagues to think before acting and be brave in taking on emotions, psychosomatic links, and transferences. Such consultation is not teaching about interventions but standing uncertainty and emotional distress without jumping to active strategies. (p. 29-30)

Daws also reflects on her role as a consultant and suggests that staff in a health setting with infants, such as the baby clinics, may similarly benefit from a "flexibility to put themselves from time to time outside their institution in order to question how useful it really is to patients who come to it" (p. 10).

Daws further illuminates the multifaceted relationship between professional colleagues and parents. She is not talking about a uni-directional relationship where the therapist holds all the gold, the interpretations, while the parent, or the colleague in a consultation, are passive recipients. Instead, Daws states, that the relationship is at best a shared learning experience. It is not a top-down process. Daws repeats throughout the book, that her job is to create a listening space within which the baby and their parents can be seen, heard, and understood. Similarly, in a professional colleague consultation, the colleague can be seen and heard so they can see and hear the baby in their family more clearly. All this is active listening as a primer to action that is guided; not by a generic principle or a list of dos and don'ts, but by relationship-specific action.

Parent-infant psychotherapy

In Part Two of the book, Daws includes specific chapters on common issues that present with parents and infants. Daws argues for the importance of thinking about *parent*-infant rather than *mother*-infant work. For example, Daws addresses the use of brief psychotherapy for sleep problems. This paper represents a chapter from her previously published book, *Parent-Infant Psychotherapy for Sleep Problems: Through the Night* (2nd ed.) (Daws & Sutton, 2020). She also provides two chapters on feeding problems.

A common theme across these chapters is the exploration of intergenerational connections and relationships in the parents' stories and experiences that may have become reactivated in these early months and years of parenting. Daws's work reflects that of Selma Fraiberg (1959), who addresses the presenting issue as a window into a developmental issue and looks for meaning and connection in the infant and their primary relationships that might make sense of how come this issue is pervasive, at this time, in the relational and developmental process.

Part Two continues the conversation whereby Daws invites the reader to think about where parent-infant psychotherapy belongs as a practice in the wider world psychoanalytic practice, that has its roots in working retrospectively with metaphors and storied memories of adults, as individuals. In contrast, Daws states, "I realised that in work with families we deal with the realities before they are translated into metaphors" (p. 33). Daws continues to say that, in contrast to adult psychoanalysis, the child psychotherapist can be both an observer and recipient of transference communications. She further observes,

> Parent-infant work is notable for its activity. Enactments are everywhere. Even the way in which families come into the room and settle themselves down, or as they leave … the timing of sessions must allow for this process as a legitimate part of the work, not as an inconvenient side-effect. (p. 35)

Daws describes what is typically brief, that is four to six psychoanalytically informed therapy sessions with parents and their infant. She describes these encounters, in a way which relocates the therapist offering interpretations to a reclined client in a couch-free associating, to being in a more peer-like relationship with parents. She says, "I look together with parents at their baby …", the parents and the baby are active participants in contributing to the thinking space. Daws also reminds the reader that while she is very familiar with the broad stroke issues that parents bring to the sessions such as feeding, sleeping difficulties, or difficulties in feeling close and connected with their baby, she asserts that the therapy experience with each family is unique, "it cannot be done in a routine way – the impact of each family's stress and bewilderment must be received afresh each time" (p. 34).

As above, the discipline of listening is central to this work, where Daws states

that "our major aim in this work is to consider not just what the patients think but how they think about it" (p. 36).

Serious listening to the problem as told by the parents enables the therapist to think about what is told, how it is told, and what is missing. People who are properly listened to, and who are appreciated for who they are and what they have to face, may then be able to take on ideas about themselves that start first in the therapists mind. They may then start thinking for themselves, and perhaps creating some of what was missing. (p. 43)

Daws credits Selma Fraiberg, for highlighting the importance of listening to parents' cries as a pathway to help parents hear their infants' cries. Similarly, "Ghosts in the Nursery" (Fraiberg et al., 1975) highlights the crucial therapeutic stance of listening to parents' needs, their unmet needs, as a clearing ground to support the parents to now meet their infant's needs, just as their needs ideally would have been met.

However, while this can sometimes be a joyous experience of attunement, it can also be painful, difficult, and sadly, not in time for the baby. Daws acknowledges this devasting reality, where she states, that sometimes it is no longer serving the baby to persist whereby "care for the baby elsewhere may be unavoidable" (p. 87).

Child psychotherapy with school-aged children

In Part Three, the therapeutic setting changes from the baby clinic to the Day Unit attached to the Child Guidance Training Centre, and later the Tavistock Clinic. Daws explores the therapeutic frame in which the therapy relationship unfolds via two primary therapeutic elements.

Of note, child psychotherapists typically do not see families, several times a week, as in the classic adult model of psychoanalysis, or the early days of child psychoanalysis. Instead, child psychotherapists, apply psychoanalytic principles to everyday practice with families that may include once-a-week sessions, brief psychotherapy, and consultations with the network of professionals, engaged with families with infants across a range of health and social organizations.

First, Daws examines the issue of consent in child psychotherapy. She does so from the perspectives of the parent/s, the child, and the therapist. She highlights that, at times, there are conflicting interests and permissions at the outset and during a therapeutic intervention. Second, Daws explores the relationship between expressions of resistance and cooperation in a unique therapeutic setting where the child psychotherapy occurred, on-site, in the place where the child attended school, in a Day Unit.

Moreover, this special Day Unit, run by the NHS, was a day space for school-aged children who for various reasons were not able to attend and thrive in a regular school setting. The setting was educational within a therapeutic environment that may or may not include psychotherapy. She provides rich psychoanalytic informed descriptions of the interactions between child psychotherapy matters, institutional dynamics, and multi-disciplinary professional relationships. Daws does not lose sight of the child, their healing journey, nor the systemic efforts to create and maintain a therapeutic environment across all areas of the Day Unit. While the setting is unique, the principles of multiple professional relationships involved in one family are relevant across settings.

Writing for parents

The fourth part of the book includes a series of four papers, Daws wrote, for parents, especially new parents with very young children. While the target audience is different from the previous chapter, these writings are not separate from her communication with professionals about babies and families. They reflect Daw's unifying lens that psychoanalytic thinking, concepts, ideas, and their inclusion in supporting mental well-being, have their place with whoever is Winnicott's "someone", in the life of a baby.

In the introduction, Matthew Lumley, shares with the readers, why these excerpts were chosen. He states that the selected papers,

> … draw out the way in with Dilys's approach to writing 'baby books' has striven to help parents engage with the most difficult and sometimes disturbing emotional aspects of infant life and parenting that are so often glossed over but they are so importantly addressed by psychoanalysis. (p. xix)

Two of the papers included were co-written with Alexandra de Rementeria in their book, *Finding your way with your baby*. Crying babies (Daws & de Rementeria, 2015) and Your baby's emerging sense of self (Daws & de Rementeria, 2015), conversationally integrate psychoanalytic thinking. However, Daws and de Rementeria do not shy away from inviting parents to consider their relationships, past and present, to better understand what each baby might be communicating with them as parents, and what they might be unintentionally communicating to their babies.

Brief reflections by Daws

The final section of the book includes a series of brief reflections that have been presented at WAIMH Congresses and in the UK Association for Child Psychotherapists Bulletin. The themes of these reflections, reflect less commonly written-about experiences that are frequently encountered by parent-infant psychotherapists and practitioners. For example, burnout, personal growth benefits of being a child psychotherapist, saying something in a session which disrupts the therapeutic alliance and how we repair this in the relationship, and a reflection on rivalry with fathers.

In her paper, "Enlivened or burnt out", a paper presented at the WAIMH congress in Paris in 2006, Daws reflects on the challenges … "in most psychodynamic kinds of work it is taken for granted that our own experience is stirred up by the work … Oddly, however, this has not totally permeated wider early-years professions" (p. 176). She refers to the gifts of the work to the therapists which can also be therapeutic where the repair experience for families, "may be as therapeutic for us as for the patients" (p. 177). She concludes the chapter highlighting the unexpected benefit to the therapist who can bear to listen, be fully present, and speak from a place of listening, that there seems to be potential for "an emotionally integrative effect for the therapist who goes through such a process with parents and their infants that is deeply satisfying" (p. 178).

It is interesting to note that, at the same WAIMH Congress that Daws presented this paper, Daniel Stern gave

the Serge Lebovici lecture, captured in his paper, "The clinical relevance of infancy: a progress report" (Stern, 2008). Stern talked about this in terms of a paradigm shift, moving from a focus on intrapsychic processes to one that also includes and emphasises interpersonal and intersubjective processes.

Included in this section, Chapter 16, concerns a paper, "Working at the edge: the quiet subversiveness of psychoanalytic thinking", a paper that Daws resented at the WAIMH Congress in Cape Town (2012). This chapter illustrates the osmosis of psychoanalytic thinking and presence across the multiple spheres of Daws's life. From the weigh scales to her personal "kitchen table" (Fraiberg, 1980) as a mother and a grandmother. Also, in politics and public health policy, promoting infant-mental health as a universal service within the NHS while the public health service in 2012 was (and continues) being squeezed and cut as a result of national-level policy.

Concluding comments

I arrived at this review, following 25-plus years as a child psychotherapist, practicing in both the public and private sectors in New Zealand. Much of these years focused on infants and very young children in their families and care contexts. From the outset, Quietly Subversive, was akin to a magic carpet. I was transported, with "emotionally integrative effect" (p. 178), via the examples and clinical vignettes, across time, and continents to the clinic playrooms, kitchen tables, lounge room floors, hospital cubicles, and clinic waiting rooms where I had journeyed alongside infants, young children, and their families.

The book provides a springboard for professionals individually, or in group settings to reflect and consider practices in their multidisciplinary settings and organizations. The book will be of relevance for readers across practice contexts within which parent-infant therapeutic work and child psychotherapy with school-aged children, are the focus. This book has the potential to become a meeting place for multidisciplinary colleagues to gather, listen, reflect, and debate. It may also become a metaphorical weigh station for clinicians to return to and gather around as they reflect on portions of the book together.

Daws has made an incredible contribution, across decades, to bringing psychoanalysis into the uncluttered space of everyday conversations, with parents and infants, health professional colleagues, and policymakers. In sum, Quietly Subversive, is simply sublime.

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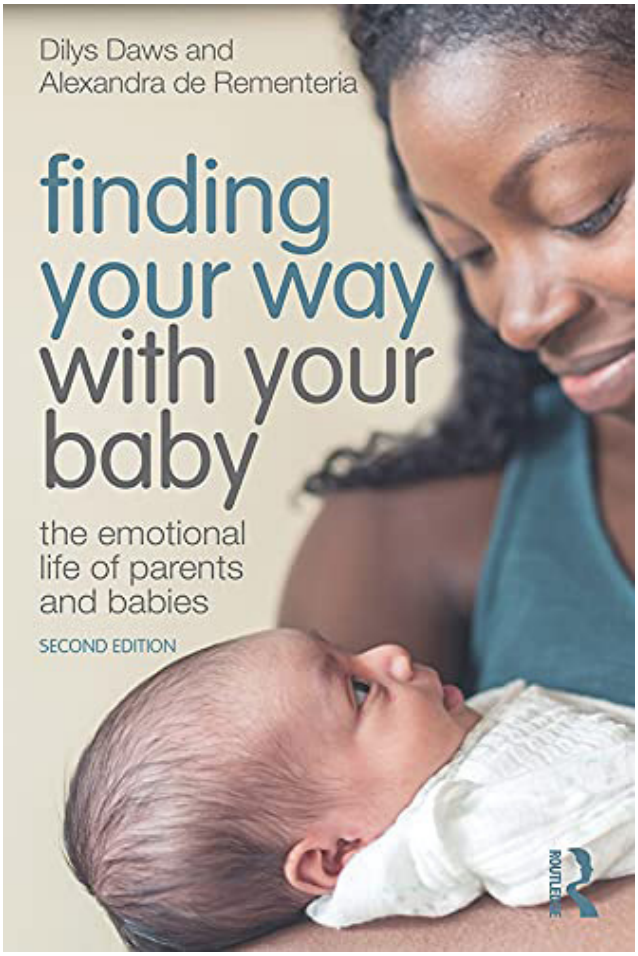
Book Review. Finding your way with your baby. The emotional life of parents and babies (2nd Edition). By Dilys Daws and Alexandra de Rementeria

Reviewed by Lauren Keegan (Australia)



Book cover: Finding your way with your baby. The emotional life of parents and babies (2nd Edition). By Dilys Daws and Alexandra de Rementeria

In becoming a parent, your life will never be the same again.

This is where the second edition of *Finding your way with your baby: The emotional life of parents and babies*, begins. It's a clever starting point as it immediately sets it apart from the masses of parenting books on the market. It acknowledges that new and expectant parents are in a transitional phase of life and so must not only prepare for having a baby but for becoming a parent, too.

Authors Dilys Daws and Alexandra de Rementeria have a wealth of clinical experience in child and adolescent psychotherapy; their gentle guidance in reflective parenting does not go unnoticed in this book.

Dilys Daws credits the work of her co-author Alexandra de Rementeria, in the second edition, in addressing issues of diversity, an issue that was under-addressed in the first issue which Dilys acknowledges was "too white and too straight." This edition reflects diversity in parenting and includes the voices of diverse backgrounds and same-sex parents.

The book is structured in a way that it can be read chronologically, or parents can simply dip in and out of it as needed. It is divided into three parts: becoming a parent, being with your baby and, the wider world.

While it does gently suggest ways in which parents and babies can get to know each other, it is far from a "how-to" parenting book. Rather, it weaves lessons from perinatal and infant mental health research and practice to normalise parents' experiences and encourage reflection so that parents can come up with solutions to their problems. I love this because it's how I approach my therapeutic practice in working with perinatal populations.

Parenting books often take the "expert" stand in what parents should and shouldn't do. Some aspects of this approach are helpful for parents and can guide them in ways to care for their baby. However, it is not helpful in the sense that parents learn to rely on external parenting strategies rather than developing their instincts and wisdom which comes from, over time, getting to know their unique baby.

I was pleasantly surprised to see the inclusion of neurobiological research and how women's brains change when they have a baby. The word to describe this, *matrescence*, is akin to adolescence and marks the immense hormonal, psychological, physiological, and emotional changes that women undergo from conception through to the postpartum years. I speak about this often to parents in my practice, to validate the unsettling nature of becoming a new person, someone different to who they were before they had children. While it is something some women may resist (letting go of their former selves), it can also empower them to forge a new path ahead, building on the strengths they have discovered in themselves as parents.

There is an entire chapter dedicated to the emotional experience of fathers too and the complexities in the couple's relationship upon the arrival of a baby. The authors help fathers understand what is happening to their infants, their partners, and themselves. I particularly enjoyed reading about the addition of neurobiological research related to fathers.

What this book does especially well is to highlight the importance of the relationship between parent and baby. It gently encourages parents to reflect

on the ways they interact with their babies without shame or judgment. The authors examine common parenting challenges such as sleep, settling, and feeding from a *relational* perspective.

For example, the authors do not tell parents *how* to get their baby to sleep, instead asking parents to reflect on sleep in a relational context, especially related to experiences of separation and loss, in the present and often in the parent's past. If infant sleep difficulties are present, this could be linked back to unresolved loss in the parent's infancy or early childhood, and now impacting how they feel about their baby going to sleep in the present.

The authors provide insight into "typical" parenting challenges from sleep and settling to breastfeeding and weaning and returning to work, and where these challenges may benefit from professional intervention. Parenting difficulties are normalised and validated. In addition to this, ambivalent feelings held by parents toward their infants are also normalised, and echo the words of Winnicott, about *the good enough mother*.

Finding your way with your baby: The emotional life of parents and babies, will be of particular use to perinatal and infant mental health practitioners, as well as for new and expectant parents.

I will note, however, that while the book is not a textbook per se, it is aimed at readers of an advanced literacy level, so this is something to think about when recommending it as a parenting resource.

The book concludes with a lovely message to parents, which I will share with you here:

> We have also tried to show how much you can learn from observing your baby - it releases your instincts, which we have encouraged you to trust. We hope we have also made it clear that you only have to be a 'good-enough' parent. (Daws & de Rementeria, 2021)

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Perspectives in Infant Mental Health Survey, April 2024

As the Perspectives in Infant Mental Health continues to grow as a publication, we are keen to hear from you about your ideas and experiences of Perspectives.

Your feedback will inform the ongoing process in making Perspectives accessible, relevant and valued with all of us who work to keep infant mental health in the foreground of the work we do.

If you have not already, please take time to answer the following questions:

Begin Survey

WAIMH and Global Crises – a brief history and a way forward

By Astrid Berg (South Africa)

This brief paper provides WAIMH members and WAIMH affiliate members with some organizational background to the current initiatives within WAIMH that are being made in response to infants in global crises situations.

Background

In 2012, WAIMH held its first conference ever in Africa. While Cape Town is by no means a conflict city (rather it is a prime tourist destination), it is situated in South Africa. A complicated country with much to be proud of, but also much to be ashamed of. While there were initial hesitations in hosting a world congress in a place far away from the Global North – the zone of comfort for WAIMH – the Board at the time took the brave decision and did so. It entered an unknown space with many uncertainties, but it worked out and turned out to be a memorable Congress.

The following WAIMH 2016 Conference was planned to be held in Israel, in Tel Aviv. It was Miri Keren, the then WAIMH President's wish to hold it jointly with Palestinian colleagues – a wonderful, courageous wish. This was unfortunately not to be, as a disastrous war broke out soon in 2015, which made a conference in Tel Aviv impossible. It was thus decided to transfer the 2016 Conference to Prague. The theme of that Conference was *Infant Mental Health in a rapidly changing world: Conflict, adversity, and resilience*.

What was so remarkable about that Conference was that Israeli and Palestinian colleagues presented together in moving presentations. The joint Hebrew-Arabic translation of Alicia Liebermann's book on traumatized children is a remarkable achievement and a testimony to the painstaking work done by Dr Keren and her Palestinian colleague, Dr Abdallah.

In 2018 at the WAIMH Congress in Rome, we were also made very aware of the many challenges faced by infants and their families by Erum Mariam who spoke about the Rohinga refugee camp in Bangladesh. Hisako Watanabe's inspirational presentations at that and other WAIMH Congresses had also sensitized us to trauma, induced by environmental disasters.

While we were still thinking about how to practically be of support to colleagues like Erum Mariam, the war in Ukraine broke out and that brought new urgency for us to address this topic. With the help of Tessa Baradon, we established links with Ukraine colleagues – Sasha Mirza and others who are there. We held a mini-symposium one Saturday morning in July 2022. Miri Keren and Hisako Watanabe gave presentations, and we then opened it up to the other participants.

The discussions we had with the Ukraine colleagues at that mini-symposium made it clear that there is a great awareness and knowledge of the importance of mental health for babies, toddlers, young children, and their parents and caregivers. As one of the colleagues said: once one "gets it", it is impossible not to continue – by that she meant, once one understands that the baby is a person, with his/her subjectivity and in a relationship with the caregiver, there is no turning back from the obligation of having to protect and facilitate these unique human qualities.

The collaboration with WAIMH was very much appreciated and WAIMH in turn is pleased and willing to facilitate cooperation and give input when requested.

Follow-up symposia could not be held as planned, due to the increasing bombardment of Ukraine which resulted in the destruction of infrastructure, such as electricity and internet connectivity.

The focus was on global crises – because no matter whether it's an earthquake, a tsunami or human-made warfare, the effects on young children and their families are the same. We as WAIMH need to be able to respond to these situations. We do not have funds, but we do have human emotional capital – and perhaps that could be worth more than money.

During this time. WAIMH also set up a special page on the WAIMH website, dedicated to providing resources on Infants in Crises.

Bringing Infants in Crises into closer view within WAIMH at the WAIMH Congress in Dublin, 2023

At the WAIMH Congress in Dublin on 18th July 2023, we subsequently held a Forum discussion. To get the discussion going we had asked a few colleagues to present us their thoughts.

Miri Keren and David Oppenheim focused on adverse childhood experiences and toxic stress related to physical, sexual, and emotional abuse and neglect. The Infants in War document was discussed. Hisako Watanabe reminded us of the catastrophes that befell Japan and described how the mind can stop thinking during such crises. She focused on creating spaces where children can play, enjoy, and laugh. Tessa Baradon argued that WAIMH could bring together enforced silos between groups and disciplines so that together we could support colleagues in crisis areas who need support.

A lively discussion followed, and these were some of the main points that came out of these discussions.

1. The development of a universal guide for infants, toddlers and their families who are in crisis situations.
2. To have emergency 'debriefing sessions' available online, but live, in the event of a crisis occurring.
3. Creating a supervision and peer support system online that meets at regular or pre-determined intervals.
4. Meeting with humanitarian global organizations to see whether we could offer our support.

WAIMH Global Crises Working Group

Following the Dublin Congress, a database of WAIMH members who wished to be involved in the Global Crises working group was created. And while we were still thinking about the possibility of webinars, October 7th came upon us; The Hamas attack in Israel, that precipitated a devastating crisis on all fronts.

Immediately we felt ready to 'do' something, as what was happening to infants and young children was unbearable to watch and think about. It was thought best to offer direct collegial help in times of crisis.

Members, who were on the database, offered to be available on standby for any emergency debriefing session that might be asked for. It was made known on the WAIMH website that any person or group who needed a reflective, thinking space could contact the WAIMH Office and then I would find the appropriate colleague to be available.

The response from the WAIMH Global Crises group was overwhelmingly positive. We have now 29 members from many parts of the world and with various language proficiencies – including Turkish, Arabic, French, Polish, Japanese, Hungarian, Estonian, Afrikaans, and Hebrew – who are available and ready to be online with whoever might need them.

Current WAIMH Initiatives: Infants in Crises

Getting our WAIMH members on board was the first and probably easiest step. The next one is more challenging and revolves around the implementation of providing input in crisis situations.

To this end and moving forward, WAIMH is adopting a four-pronged approach:

1. To work with our Affiliates and explore with WAIMH members what could be done in the regions where they live and work. Sharing information about this could happen via brief letters or reports published in Perspectives – to offer a space in which to exchange ideas and information.
2. Aligned with WAIMH members and WAIMH affiliate engagement, we will meet at the WAIMH Interim Tampere Conference so that we can share experiences and knowledge.
3. A WAIMH Global Crises Working Group discussion paper on colleague-to-colleague support will be made available to all WAIMH members and WAIMH affiliate members.
4. At the same time, we will work towards WAIMH becoming a UN/WHO collaborator. This is a long-term project and will take time and effort, but we are in the fortunate position of being able to consult with colleagues who are familiar with the inner workings of these global organizations.

As we continue to move forward, WAIMH will make use of all the primary communication channels to update WAIMH members and WAIMH Affiliate members. In addition to updating you, we will also take every opportunity to invite your participation and input into these evolving initiatives.

So, keep an eye out on the WAIMH website, especially the Infants in Crises webpage, WAIMH social media channels, and the WAIMH Perspectives webpage.

Furthermore, as a member of a WAIMH Affiliate, please feel free to share any expertise that you have in this area with your Affiliate, who in turn will bring affiliate expertise into the combined efforts of the WAIMH Affiliate Council. The WAIMH Affiliates Council is a central part of WAIMH and pivotal in bringing the voice of members to the WAIMH Executive Council. The voice and expertise of Affiliates matter and significantly inform WAIMH leadership decision-making.

From the Desk of the President of WAIMH

By Campbell Paul (Australia)

Greetings from Naarm, Melbourne, where my home sits on the traditional lands of the Wurundjeri people of the Kulin nation who have been custodians of this part of Australia for some 60,000 years. I pay my respects to the community Elders, past present and emerging, and who have never ceded sovereignty. I'm very grateful to the First Nations peoples of Australia who are generous in sharing with us their culture, stories and optimism.

This will be my last missive from my presidential desk. At our forthcoming conference in Tampere, I will hand over the presidential responsibilities to Prof Astrid Berg, from Cape Town.

I have enjoyed an interesting time as president of WAIMH, starting during the onset of the COVID pandemic and now in its aftermath. We entered a new era with our successful hybrid Brisbane Congress, followed by a more traditional face-to-face and exciting Congress in Dublin last year. It has been a very busy time at the WAIMH Office and for the amazing and dedicated people who constitute your conference organising committees.

We now move quickly towards the Interim Congress in Tampere this June, in the time of the midnight sun. We have an excellent number of registrants for what will be a lively vibrant conference in Finland, featuring many contributions from the Nordic countries.

A major goal for WAIMH over these few years has been to increasingly broaden our reach to colleagues in less well-resourced countries and to improve our commitment and efforts to reach people who are disadvantaged, discriminated against, and not well-represented within our well-resourced countries. Services for and knowledge about the importance of healthy infant-parent relationships must be accessible to all. This is a serious and ongoing task for WAIMH and its outreach that includes, our publications (*Perspectives in Infant Mental Health* and the *Infant Mental Health Journal*) and our *WAIMH website*: www.waimh.org

In my day-to-day work within a busy women's and children's hospital network, I'm constantly in awe of the work of our nurses, allied health professionals, and medical staff working with sick and distressed infants and families. I'm also in awe of what families can do despite sometimes generations of adversity and exclusion in their quest for the best care for their children. I feel very privileged to be able to work alongside babies and very young children who have taught me so much about what it is to be human; what it is to be thoughtful and excited and to be able to play.

Through their gaze and their capacity for play and engagement, I've learnt so much. Similarly, I have learnt from parents who struggle through adversity to support their children. Even a three-month-old baby, in the middle of a gruelling course of treatment for bone marrow disease, can look to her parents, to smile, to purposefully move her swollen fingers and recognise who among her hospital carers can be supportive and attuned.

As we know, many parents, approximately, 20% of mothers and 10% of fathers will experience significant depression anxiety and mental illness in the perinatal period. As infant mental health clinicians we need to work with both troubled parents and troubled infants. This means also working closely with colleagues from the adult perinatal mental health realm. WAIMH has joined the partnership with the Global Alliance for Maternal Mental Health, led by Alain Gregoire from the UK. I know there are strong partnerships between infant and perinatal mental health clinicians and services in many countries, but there is a need for interagency collaboration to ensure greater resources and advocacy for prevention and intervention with vulnerable families.

In the midst of this, we must always strive to hear the voice of the infant.

On 23 April this year, and for the last three years we honoured the mental health needs of infants, children and adolescents on the World Infant Child and Adolescent Mental Health Day.

This year the focus was on engaging with young people through understanding their lived experience of mental ill-health. The group of four associations behind the Infant Child and Adolescent Mental Health Day sponsored several activities, including an online symposium that was held on the day. This symposium addressed the question: How can we give voice to the baby?… How do we recognize the lived experience of mental ill health for a baby, a toddler or a preschooler?

Photo: Campbell Paul. Credit: WAIMH

We know that infants have powerful capacities to read the emotions of others right from birth and they have strong ways of expressing how they feel. The baby's behaviour, through voice, gaze, crying, smiling, hand and other body movements and posture, enables us to know how the baby feels and what they might be thinking. We know that babies can experience profound depression and other disturbances of social and emotional development. We can speak the baby's language to let them know that we are trying to understand them as well.

"In their own words: Bridges to understanding mental health" was the theme of this year's World Infant Child and Adolescent Mental Health Day, honouring the mental health needs of infants, children, and adolescents.

I think it's very appropriate to our approach that highlights listening to the baby's voice in the context of perturbations in their social and emotional connectedness.

I think exploring and understanding the words of infants is a crucial component of our work as infant mental health professionals.

As an organisation with limited resources, WAIMH has reached out to support our colleagues in areas of horrific conflict such as the Ukraine and now the horrendous destructive war in the Middle East after the Hamas terrorist attack in October last year. I do hope that there can be a cessation of conflict

very soon with moves to peace as there is a huge amount of reconstruction and peace-building to be done, in many areas, across the globe. Our thoughts are with the families with young children in all conflict areas and for all of our colleagues in these areas.

There will be over 400 participants at our interim Congress in Tampere in June, and we will certainly be addressing the question about how to overcome the often gross inequalities in access to good mental health care for young children in many parts of the world, and within many well-resourced communities.

I would like to thank very much the amazingly dedicated team in Tampere at the WAIMH office who support all of us, Kaija Puura, Reija Latva, and Neea-Leena Aalto, and for the constantly creative and very accessible publication of Perspectives, thanks to Maree Foley, Salisha Maharaj, and Jane Barlow… You each keep the wheels of WAIMH turning.

I feel very honoured to have been able to work with the broad community that is the World Association for Infant Mental Health, and I look forward to ongoing fruitful connections and collaboration.

Campbell Paul,

Naarm, Australia

Credit: Callum Paul

WAIMH Executive Director Corner

By Kaija Puura (Finland)

Dear colleagues and friends,

Here in Finland, we eagerly await the arrival of spring. However, temperatures remain below freezing, and a thin layer of fresh snow blankets the ground.

Last week, I had the honor of opening the annual multidisciplinary seminar organized by the Finnish Association of Child Psychiatry. The seminar's theme was 'Keho ja mieli solmussa?' which translates to 'Body and Mind in a Knot?' in English. In my opening remarks, I emphasized that the world itself appears to be entangled in a tight knot. Many people are deeply concerned about the ongoing and potentially escalating crises in the Middle East and Ukraine, as well as in other regions that often go unnoticed in the news. Earlier this April, Finland was shaken by an uncommon act of violence: a 12-year-old child tragically shot one of their schoolmates, resulting in one fatality and serious injuries to two others. In the same week, we learned of a person stabbing several women with a knife in a mall in Sydney, Australia, seemingly without any motive. What drives individuals to harm and kill each other, even children or adolescents? In an interview for our national doctors' journal, my colleague and forensic medicine expert, Alo Jüriloo, meticulously compiled data from various studies. According to these studies, young school shooters often face challenging upbringing conditions, become victims or perpetrators of bullying, and exhibit traits like emotional coldness or a lack of empathy. Jüriloo also highlighted social media as a new risk factor. Nowadays, even young children navigate a digital world unknown to their parents. Additionally, model learning plays a role in acts of violence, as internet content related to bullying and school shootings can fuel vengeful and dark thoughts in potential perpetrators. Furthermore, the language used by adults in media and social media contributes to polarization, anger, and even violent solutions. Instead of reasoned arguments, media writers employ warlike terms, and our influencers—politicians included—engage in harsh language exchanges. It appears that our adult world fails to support the emotional and behavioral development, as well as effective negotiation skills, of our children.

In these tougher times our work in supporting families with young children becomes more and more important, and the WAIMH Board and Central Office are constantly working together with our Affiliates to find new ways of increasing and spreading knowledge on infant and early childhood mental health more widely in all parts of the world. Our next meeting, the WAIMH Interim World Congress 5-7 June, 2024 will take place in Tampere Hall here in Tampere with the theme "Looking for best care for babies, young children and families". We certainly have a lot to think and talk about during those three days in trying to find new ways to help infants, young children, and their families while they struggle in coping with old and new risk factors. We also have to remember to take care of each other and of ourselves and, for that, having a live meeting is a wonderful opportunity. These days I end all my lectures by reminding myself as much as my listeners of the fact that we are many: there are thousands and thousands of us working for a better future for children and families all around the world.

With warm wishes to you all,

Kaija

Photo: Kaija Puura. Credit: WAIMH

News from the WAIMH Central Office: WAIMH2024 is nearly here!

Dear WAIMH members,

The WAIMH 2024 Interim World Congress is approaching, and we are excited that we will be welcoming you to Tampere, the hometown of the Central Office, in just a few weeks.

Here you can find some information about the upcoming Congress, along with other recent Office news.

WAIMH 2024 Interim World Congress

This year, WAIMH will be holding an Interim World Congress in order to resume the pattern of WAIMH World Congresses occurring in even years. It will take place from 5-7 June 2024 in Tampere, Finland under the theme: *Looking for the Best Care for Babies, Young Children, and Their Families*.

Places left are limited, and so if you are planning to join us for WAIMH2024, make sure to book your tickets today!

Discounted hotel rates are available in selected hotels near the Congress venue, Tampere Hall. The hotels are all located within a 15-minute walk of the venue. The discount codes are valid only until the beginning of May 2024, so you may want to book your accommodation well in advance.

Photo: Tampere city top view. Credit: Adobe Stock

Remember that, as WAIMH members, you are entitled to a reduced registration fee for the Congress. You can renew your membership or join WAIMH online at WAIMH website.

WAIMH Membership Meeting 2024

The WAIMH 2024 membership meeting will be held in person at the Interim Congress in Tampere. It will take place on Thursday 6 June at 16.00-16.30 in the Small Auditorium of Tampere Hall. All members of WAIMH are invited.

Agenda:

1. Call to order
2. Approval of Minutes of the 2023 Membership Meeting, Dublin
3. Presidential report and report on Board activities since Dublin, 2023
4. Financial Report and Central Office Report
5. Affiliate Council Report
6. Action plan for 2024-2026
7. WAIMH 19th World Congress 2026
8. AOB
9. Closing of the meeting

Why become a WAIMH member?

- To promote principles of infant and child health, development and mental health.
- To become part of a global learning community and professional network that speaks for infants, young children and families around the world.
- To have access to resources that promote infant mental health.
- To learn from world experts about the health, mental health and optimal development of infants, toddlers and their families across cultures and around the world.
- To expand your professional, social network.
- To exchange information about infants and infant-family programs.
- To contribute to the protection of health and well-being in infancy, early childhood and parenthood on a global level.
- To get opportunities to keep pace with new findings and innovations in scientific, clinical, and educational research and programs involving infants and their caregivers.
- To contribute to a professional global learning community: WAIMH.

Other news from the Office

Election result -Two new WAIMH Executive Committee members have been elected

The new WAIMH Board members for the years 2024-2028 are David Oppenheim and Julie Ribaudo.

We would also very much like to thank the other candidates, Nicole Letourneau and Robert Meeder, for agreeing to be nominated, and for their enthusiastic and important contributions to the activities of WAIMH.

Altogether 1120 WAIMH members were eligible to vote in the election which took place 5 February–3 March 2024, and some 20% of members cast their vote.

Thank you very much to WAIMH members who voted in the election.

World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2024

23 April is declared as World Infant, Child and Adolescent Mental Health Day (WICAMHD) by 4 organisations:

- World Association for Infant Mental Health (WAIMH)
- World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP)
- International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
- International Society for Adolescent Psychiatry and Psychology (ISAPP)

The WICAMHD 2024 webinar was held on Tuesday 23 April under the theme: *In Their Own Words: Bridges to Understanding Mental Health*.

The webinar is recorded and available on the IACAPAP YouTube channel.

Find out more about WICAMHD at: https://iacapap.org/events/world-infant-child-and-adolescent-mental-health-day.html

Resources for WAIMH members

We would also like to remind you of some ongoing online resources for WAIMH members and all infant mental health colleagues:

WAIMH eBook vol 1: Global Perspectives on the Transdisciplinary Field of Infant Mental Health 1993 – 2021

This WAIMH eBook provides readers with a nearly three-decade-long window from which to view theories, interventions, and treatment practices within the specialized and interdisciplinary field of infant mental health.

It does this by highlighting a representation of papers, published by WAIMH, in The Signal and Perspectives in Infant Mental Health, from 1993-2021.

Current WAIMH members can download this eBook for free through the WAIMH Online Store, and for others the cost is 10 USD.

Laying the Path for Lifelong Wellness Lecture Series 2022

In 2022, the Infant and Early Mental Health Promotion (IEMHP) organization at The Hospital for Sick Children partnered with WAIMH and Tampere University to develop and launch a 15-part online series that brings together experts in infant and early mental health from around the world.

Due to increased interest in the series, the access was recently extended until December 31, 2025 for everyone.

Read more about the Lecture Series and register at: https://imhpromotion.ca/Lecture-Series-2022

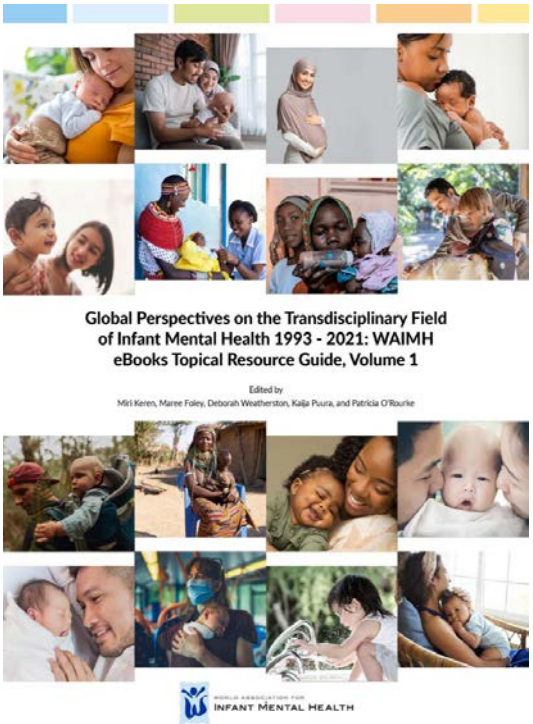
Contact Us

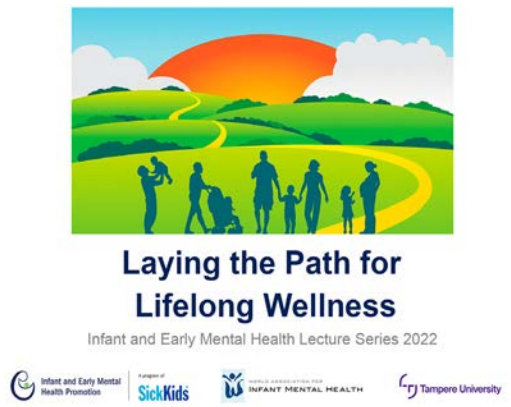
We are here for you!

Give us your feedback any time or email us if you have any questions about the Congress, membership or other WAIMH related issues: office@waimh.org

With best wishes from the Office team,

Neea, Kaija & Reija





WORLD ASSOCIATION FOR
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www.waimh.org

WAIMH

2024 Interim World Congress

5-7 June 2024
Tampere, Finland

Looking for the best care for babies, young children, and their families

Registration

To register for the Congress, please visit www.waimh.org/page/waimh2024 and complete the online registration form:

Registration Fees	Early bird (until 29 February 2024)	Standard (from 1 March 2024)
WAIMH Member	€320	€370
Non-member	€370	€420
Student*/LMIC**	€190	€190
Day Registration	€190	€190

*To be eligible for the student rate you must be a current student enrolled in full or part time study.

**Please note that we offer an LMIC (Low to Middle Income Countries) registration rate. In order to qualify for this registration category your country of residence must appear on the official World Bank list.

The Congress registration fee includes:

- Attendance at all sessions
- Attendance at the Welcome Reception
- Opportunity to purchase a ticket/ tickets to the Congress Dinner
- Morning and afternoon refreshment breaks and lunch

Congress Programme

The sessions include exciting keynote lectures, invited symposia, and nearly 150 posters under the following themes:

- Equity, Diversity and Inclusion
- Infants, Young Children and Families of First Nations Peoples
- Infants in Crisis Situations
- Nordic Services in Infant Mental Health
- Other

waimh.org/page/waimh2024
congress@waimh.org
#WAIMH2024

For full Congress programme, please visit
www.waimh.org/page/waimh2024

Call for bids for the WAIMH 20th World Congress 2028

The World Association for Infant Mental Health (WAIMH) organizes world congresses biannually. The Board of Directors starts the process of choosing the location of a new world congress at least four years before the actual date of the congress.

The location for the WAIMH 19th World Congress 2026 has already been decided and will be announced at the WAIMH 2024 Interim World Congress. The Interim Congress will be held from 5-7 June 2024 in Tampere, Finland with the theme *Looking for the best care for babies, young children, and their families*.

WAIMH is open for bids for the 20th World Congress in 2028. Expressions of interest for future congresses are welcome and formal bids for the 2028 World Congress should be received at the WAIMH office by 15 December 2024.

The bids will be presented to the Board online during February 2025.

The WAIMH Board will decide on the 2028 congress site at an online Board meeting in March 2025.

What the Board of Directors expects from a bid

1. Presentation to the Board by the Local Organizing Committee (LOC) that is organized in cooperation with a WAIMH Affiliate Association which is very active in the country or area where the Congress is planned to take place. Please note that the chairperson of the LOC, and if possible, others of the LOC have to be members of the WAIMH and of the WAIMH Affiliate Association.
2. Presentation of the venue proposed for the Congress and its surroundings.
3. Presentation of the Professional Congress organizer and its key persons responsible for organizing the Congress.
4. Preliminary detailed budget for the Congress, including proposal for the registration fees, calculations of how many delegates would be needed to cover the costs of the Congress, and Professional Congress Organizer fees. Information on plans for social programs and pre- and post-congress tours.
5. We welcome and strive for diversity in languages and cultures; 12 of the 18 WAIMH world congresses were held in countries where the official language was other than English. We do need to have a common language for organizational purposes, and that is English. Therefore, the communications with the Office as well as official congress language is English. If the local Affiliate wishes to have translations of presentations, the cost of these translations needs to be factored into the budget.

The bids are kindly asked to be sent to the Executive Directors of WAIMH Kaija Puura and Reija Latva via email office@waimh.org.

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www.waimh.org

PERSPECTIVES IN INFANT MENTAL HEALTH

Perspectives in Infant Mental Health (formerly, The Signal) is a Professional Publication of the World Association for Infant Mental Health (WAIMH).

It provides a platform for WAIMH members, WAIMH Affiliate members, and allied infant mental health colleagues to share scientific articles, clinical case studies, articles describing innovative thinking, intervention approaches, research studies, and book reviews, to name a few. It also serves as a nexus for the establishment of a communication network, and informs members of upcoming events and conferences.

It is a free open access publication at www.waimh.org

During the past 50 years, infant mental health has emerged as a significant approach for the promotion, prevention, and treatment of social, emotional, relational, and physical wellbeing in infants and young children, in relationship with their parents and caregivers, in their families and communities.

Within this same time frame, the infant mental health movement has expanded to a global network of professionals from many disciplines. This infant mental health global network community of research, practice, and policy advocates, all share a common goal of enhancing the facilitating conditions that promote intergenerational wellbeing; including intergenerational mental health and wellbeing relationships, between infants and young children, parents, and other caregivers, in their communities.

The global reach of infant mental health demands attention to the cultural context in which a young child and family lives, as well as critical attention to issues that affect child development, child health, child mental health, parental mental health and early relationship development.

Invitation to contribute

We invite all members of WAIMH and WAIMH Affiliate members to contribute to Perspectives in Infant Mental Health.

Because WAIMH is a member-based organization, we invite each of you to think creatively and consider submitting an article that provides a "window on the world" of babies and their families –

In the spirit of sharing new perspectives, we welcome your manuscripts. Manuscripts are accepted throughout the year. Articles are reviewed by the Editors, all of whom are committed to identifying authors from around the world and assisting them to best prepare their papers for publication.

Full issue publication dates

Spring issue: April

Papers received by February 1
will be considered for inclusion in this issue.

Summer issue: August

Papers received by May 1
will be considered for inclusion in this issue.

Fall/Winter issue: December

Papers received by October 1
will be considered for inclusion in this issue.

Perspectives in Infant Mental Health Submission Guidelines

APA 7 th Edition.

12-point font.

1.5 or double spaced.

Maximum 3000 words, including references.

All in-text citations, references, tables, and figures to be in APA 7th edition format.

Papers with tables and figures. Please submit the paper as a word-format document with separate files attached for each table and/or figure.

We welcome photos of babies and families.

All photos need to be sent in a separate file with a resolution of at least 72 pixels/inch.

All photos need to include a permission statement from the author for WAIMH to publish the photo in Perspectives and also on WAIMH online social media platforms.

Further details:
www.waimh.org

Contact

To inquire about Perspectives in Infant Mental Health or to submit articles, please contact:

Maree Foley (PhD) (Editor-in-Chief)
Email: perspectives@waimh.org

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