

What About The Children?

Patrons: Sir Michael Morpurgo, Rebecca Abrams, Sir John Timpson



'Raising awareness of the never-changing emotional needs of children in our ever-changing society'

**'Keeping the baby in mind:
Offspring of mothers with perinatal severe mental illness'
Summary of talk by Susan Pawlby at the What About the Children? Conference 2018**

The idea that even tiny babies have thoughts and feelings that are as real and important as those of anyone else is fundamental to the work of What About The Children? (WATCh?) This concept was highlighted in a fascinating talk by Susan Pawlby at the charity's 25th anniversary conference on 8 March 2018. Pawlby, who has over thirty years' clinical and research experience as a perinatal psychologist, now holds an honorary lectureship at King's College London; her clinical work is based at the Channi Kumar Mother and Baby Unit at Bethlem Royal Hospital, also in London. While the principles that she discussed apply equally to all babies and care-givers, her talk was centred on her experience in the mother and baby unit, working with mothers with severe perinatal mental illness and their infants. The talk was punctuated by a number of engaging videos of babies on the unit interacting with their mothers and with therapists.

She began her talk in a way that was familiar to regular delegates at WATCh? conferences, by stressing the importance of warm, loving attachment relationships in infant development, quoting the founder of analytical psychology, Carl Jung, as saying "Warmth is the vital element for the growing plant and for the soul of the child". She then listed some of the things that newborn babies are able to experience and do. Babies can see and hear straight away; initially, they focus best at a distance of about 20-25 cm, so they can clearly see the faces of adults cradling them. They instinctively prefer the moving, self-deforming, three-dimensional qualities of a human face to any other object, and the pitch and intensity of the human voice to any other sound. They recognise and prefer their mother's (or most frequent care-giver's) smell and have a surprisingly wide range of vocalisations and facial expressions from birth.

It is not surprising that parents who understand and appreciate the range of their infants' behaviour and feelings are more likely to bond with them. A US-based paediatrician, Berry Brazelton, has developed two tools for assessing young babies' behaviour: the Neonatal Behavioural Assessment Scale (NBAS) for research and clinical practice and the less detailed Neonatal Behavioural Observations (NBO). The latter is used to help parents become aware of the behaviour and capabilities of their infant and deepen relationships in the family unit. Each baby is a unique individual, but they all have the same physical, emotional, social and cognitive needs, and they are completely dependent on their care-givers to meet them. A baby whose principal care-giver – usually, but not always, the mother – is able to meet these needs will tend to develop a secure attachment, leading directly to social competence and to resilience in coping with adverse events that will benefit that individual throughout his or her life.

Secure attachment, then, develops when those caring for babies understand their emotions and provide emotional warmth and support. Parents can deliberately become more attuned to a baby's emotions through the concept of mind-mindedness – seeing their baby as a person with independent thoughts and feelings and reacting deliberately to those thoughts and feelings, even when the baby is very young. Vulnerable parents, with mental illness or disability, poor experiences of their own parenting or a lack of support, and those with premature or sick infants, find these concepts harder to grasp, but they can still be taught. Pawlby introduced her audience to this concept with a video from

the Channi Kumar unit of an engaging mother-baby interaction, asking the question 'What would that baby be saying if it could talk?' Answers from the floor included 'I feel important' and 'I feel loved'. Mothers who attend the unit with their infants suffer from a range of psychiatric disorders including depression that is far more severe than the common 'baby blues'; bipolar disorder; severe anxiety disorders; obsessive-compulsive disorders; and schizophrenia. Each of these leads to a different, characteristic pattern of disrupted care. A depressed mother can ignore her baby, for example, while one suffering from delusions might behave unpredictably towards her child: Pawlby quoted an example of a mother who believed that her baby could fly. Others might be 'slowed down' and unable to complete basic care-giving tasks or behave unpredictably. In each of these scenarios the babies become distressed and less attuned to the mother and in severe cases may appear to be frightened. But almost all mothers can be taught to become more attuned to their infants, whatever the diagnosis. Elizabeth Meins, a psychologist at the University of York, has developed an intervention in which mothers are shown videos of them interacting with their babies and asked to focus on what the babies bring to the interaction and what they 'might be trying to tell them'. Many mothers report seeing this as a turning point in their illness, when they realise that they can become attuned to and respond appropriately to their babies' mental states. Research has shown that this intervention will lead to consistent – and in some cases quite dramatic – improvements in maternal sensitivity and infant cooperativeness between admission and discharge, even with mothers diagnosed with schizophrenia and other psychoses.

Psychologists commonly use a procedure known as the Stranger Situation to assess the quality of the attachment relationship between a baby and his or her parent (or main caregiver). This can be used with babies and toddlers between about nine and 18 months old. Each child is observed playing in a strange environment with and without the parent present, noting how much they explore their surroundings and their reactions when the parent leaves them with a stranger and then returns. Securely attached infants explore the environment happily with their parents present, become distressed on separation but are soon comforted when they return. Other patterns of behaviour in which the infants ignore their parents and/or cannot be comforted when they return are classified as different types of insecure attachment. One study found that over 70% of vulnerable children who had the video intervention programme were securely attached in their second year, compared to less than 20% of similar children who had received 'standard care' and, interestingly, only 62% of middle class children with no parental psychiatric vulnerabilities.

Pawlby then set the work she described in the context of a UK in which the mental health of parents and their children is a matter of deep concern, where there are over 50,000 children on the child protection register, where 12% of children and 17.5% of adolescents under 17 have been exposed to domestic violence and where over £8 billion a year is spent on perinatal mental distress alone. Abuse, neglect and mental ill health can very easily be transmitted from one generation to another, as women who were maltreated in childhood are prone to antenatal depression; these women, in turn, are more likely to maltreat their own children, who become the next generation's antisocial adolescents. More optimistically, however, pregnancy is a time when women are highly motivated to break the cycle and, if they are given the resources and support, to 'become the best parent they can be'. Mothers – and fathers – who have grown up in abusive situations and/or who are suffering from mental distress are likely to lack confidence and need to be shown that they can promote their babies' emotional development. The video intervention (VIG) Pawlby described is an excellent tool for this, but not the only one. Pawlby ended her talk with a set of guidelines for therapists to use when helping mothers, stressing that every infant is different and can show whether the care provided is 'good enough'; these are summarised below. And, unusually, she recommended a novel: *Nutshell* by Ian McEwan. This tells a story of domestic violence and a dysfunctional marriage from the point of view of a foetus in his mother's womb. While clearly fantasy (and a riff on *Hamlet*) this highlights the serious point made in the talk: that babies know and feel much more than might be imagined.

Summary of Dr Pawlby's Guidelines to Therapists:

Encourage mothers/primary caregivers to do the following with their babies:-

1. Hold them: this promotes secure attachment and later independence
2. Look at their babies: in the first six weeks their face is the baby's 'best toy'
3. Watch and talk to and with them commenting on actions to promote language development
4. Respond to their baby's cues: voice, looks, smiles, reaching, offering, imitating
5. See the baby as a person and think how they might be feeling, how they might respond
6. Hold babies securely, particularly if they are restless, and if arm-waving, hold their arms
7. Babies self-calm by putting their hands (or a finger or thumb) into their mouths. Always allow this
8. Have a graded set of responses to a baby's cries, from talking to holding and rocking
9. Respond to their boredom with carrying, talking and playing. Watch for 'I've had enough' signals
10. Monitor individual characteristics of each unique baby in order to understand them better