



## Contents

*This issue is devoted to the 2015 Winnicott Lecture, presented by Sarah Mares.*

**Dr Sarah Mares** is an infant, child and family psychiatrist with an established clinical and academic interest in the perinatal, infant and early childhood periods and in prevention and intervention with highly disadvantaged populations. She is currently Senior Staff Specialist (0.4 FTE) at Karitane Jade House and Toddler Clinics, Conjoint Senior Lecturer in the School of Psychiatry at UNSW and Honorary Fellow at the Centre for Child Development and Education, Menzies School of Health Research in Darwin. She is also a Hearings Member at the NSW Medical Council. Sarah is an experienced multidisciplinary educator, supervisor and consultant. She is co-author of Mares, Newman & Warren (2005/2011) *An Introduction to Clinical Skills in Infant Mental Health - The First Three Years*, ACER Press, and Newman & Mares (Eds.) (2012) *Contemporary Approaches to Infant and Child Mental Health*, IP Press.

## Guidelines for contributors

AAIMHI aims to publish three editions per year in March, July and November. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

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

All submissions are sub-edited to newsletter standards.

Articles are accepted preferably as Word documents sent electronically to the AAIMHI Newsletter Committee.

### AAIMHI Newsletter Committee

Inquiries on submitting items to the newsletter may be made to:

Ben Goodfellow at [newsletter@aaimhi.org](mailto:newsletter@aaimhi.org)

Opinions expressed in this newsletter are not necessarily those held by AAIMHI.

© AAIMHI 2016. Permission for reproduction of original newsletter items is granted on the conditions that appropriate citation of source is noted and that the item is fully reproduced.

## AAIMHI Conference 2015

### ***And father makes three: family inclusive practice***

### The Winnicott Lecture - Sarah Mares

### **Such a thing as a baby: re-reading Winnicott in a changing multicultural and technological world**

#### Introduction by Richard Fletcher

Some might see presenting a Winnicott lecture at a conference titled *And Father Makes Three: family inclusive practice* as something of a challenge. After all, as far as we know, Donald was not a father himself and he was writing and speaking in the 1950s and 60s, a far cry from the contemporary context of paternity leave, same-sex marriage, celebrity dads and Royal Commissions into Family Violence. How could we find much of use for this man's ideas in grappling with what it means to include a family, and specifically a father, in our practice?

Sarah avoids being drawn into current debates about what adults should do by beginning from the perspective of the infant. She considers the changes that have occurred in recent decades not from the social changes of mother's and father's roles but the changes in our understanding of how infants come to know about others and themselves. She draws on Winnicott's writing to describe the way close bodily experiences with another develop the baby's capacity to know and be with others.

From this starting point Winnicott's thinking is certainly germane to our own time. His powerful conceptualisation of infant's essential needs as requiring someone who is not simply caring for them but sufficiently loving to be identified and preoccupied with them, from before birth, gives mothers a special role. Fathers, as husbands, are charged with providing support, to the mother and to the infant. While this demarcation seems to fit the stereotypes of yesteryear with emotionally engaged women and task-focused men there is a richness in Winnicott's notion of 'holding' that, when applied to fathers' role, can include the full depth of him as a person. In this way his writing is completely relevant today. Fathers in contemporary antenatal classes would welcome some guidance on how to 'be there' for the newborn baby. A common answer from dads-to-be when asked what they will be doing during their paternity leave is "whatever she tells me to".

Using her experience of parenting among Aboriginal communities Sarah also tackles the cultural relevance of Winnicott's triadic framework. In the description of a father's place in Top End communities she sees the holding of the mother and infant being done by the community, including the

father. His direct role with the infant though is delayed until the infants are older and, in the comments reported by Sarah, targeted at boys rather than children. The notion of holding boys while they make the painful ceremonial transition to manhood is also described and this has particular relevance, I would say, to the transition of young men into fathers in the non-Aboriginal community. Mainstream men heading for fatherhood may not face physical challenges but the task of negotiating a new identity can be daunting in an era of rapid social change. In a wonderfully provocative example of the impact of assisted reproductive technology (ART) some of the complexity of deciding a fathers' role (and even a mother's) is highlighted.

In concluding her address Sarah offers thoughtful comments on the fact that we are all born of a woman, the essential

needs of a baby and the significance of gender and the implications for our practice with families. She does not provide a neat answer to the question of the fathers' part in family inclusive practice. Instead she draws our attention to the starting point, the infant's need for 'someone' who makes possible the experience of 'being with'. In doing so she finds in Winnicott a valuable reference point for professionals to use in facilitating fathers' ability to engage with infants so that the infant learns about them and the father learns what it means to be a father.

**Associate Professor Richard Fletcher** of the University of Newcastle introduced the 2015 Winnicott Lecture at the AAIMHI Congress 2015 which was themed: *And father makes three: family inclusive practice*.

## AAIMHI Conference 2015

### The Winnicott Lecture - Such a thing as a baby: re-reading Winnicott in a changing multicultural and technological world

Sarah Mares

This paper was first presented at the AAIMHI Conference in Sydney on 30 October 2015 as the Winnicott Lecture, titled *Such a thing as a baby*. I used a series of images, several film clips of infants and parents together, and brief excerpts from a BBC radio documentary of Winnicott speaking during some of his BBC talks for parents in the 1960s to illustrate the talk (Winnicott, 1960s).

I want to start by acknowledging the Traditional Owners and Elders past and present of the land that we are on, as well as all Aboriginal people here today, and our great debt to the thinkers and clinicians who have gone before us. For me Winnicott is a significant influence. It is an honour and opportunity to be asked to give this lecture, and as a consequence to revisit his work.

#### Introduction

There is great family diversity in Australia and many infants grow up in families where their own father is not involved in raising them. A father is a somewhere, but others (grandma, auntie, step-dad) are there day to day for the baby.

I have been asked to give the Winnicott Lecture at a conference called *And father makes three: family inclusive practice*. I hope this will be an opportunity to wonder about some of the questions raised by the conference theme in the light of Winnicott's work and my intention is to:

- Consider how our understanding of infants and of their capacities has changed since Winnicott was alive
- Revisit some of Winnicott's key ideas about the child, the family and the outside world
- Think about the impact of culture and social change on families and family roles and what this might mean in relation to our work with families with infants.
- Reconsider Winnicott and his contribution and see how his ideas hold up in 2015, including how we understand the assertion that "there is no such thing as a baby".

I wanted to say at the start that whenever we talk or think about babies, and mothers and fathers and families it is likely

that we will find ourselves listening in at least two ways –

1. As professionals, hearing what the evidence tells us and thinking about the babies and families we have been with recently in our work AND
2. As children, as parents, thinking about the very particular father or mother or family who we grew up with, or the children we are raising – or have raised – they are all likely to come into our minds.

In the room with us more or less consciously are the representations, angels and ghosts in our own past. These are likely to be present now, no less than they are when we work with families. I certainly found myself thinking a lot about my own family and in particular my father as I was preparing for this talk.

I want to start by thinking about how our understanding of infants and the importance of infancy has developed since Winnicott's day, including as a result of technological and social change.

1. **Lifetime impact of experiences in infancy.** Longitudinal studies of Attachment in population and higher risk samples and large retrospective studies, for example the Adverse Childhood Experiences (ACE) study have provided considerable evidence about the lifetime impact on physical and mental health of experiences during pregnancy and early years.
2. **Neuro-imaging.** The capacity to look at the brain functionally has provided more information about early neurobiological development, the importance of early experiences with caregivers and the impact of early adversity on brain development.
3. **Social capacities of infants.** The ability to film parents and infants together and microanalysis of filmed interactions has changed our understanding about the essential sociability of infants, the reciprocity of early interactions and the great sensitivity of both infants and parents to the implicit and non-verbal aspects of communication.

**4. Technological developments** have enabled the use of video feedback in a range of interventions with families, providing parents with a very visible opportunity to reflect on their baby, and their interactions with their baby, to see their relationship in a new way.

Despite all this objective evidence about the importance of the early years, most of us have no conscious recall of that time in our own lives, and yet we carry our own particular family and early experiences with us in an implicit and bodily way. Charles Fernyhough has described the early years as a time of not yet being the subject of our own stories, and his young daughter as “not yet an autobiographer” (Fernyhough, 2008, p.4).

Daniel Stern (2004, p.110) wrote: “The majority of all we know about how to be with others resides in implicit (relational) knowing and will remain there.” and later he asks, “Why did nature plan for babies to NOT speak and NOT to understand words for the first year or so of their lives? ... infants have too much to learn about the basic processes and structures of interpersonal exchange. In particular they have to learn the forms of dynamic flow that carry social behaviors ...before language arrives to mess it all up” (Stern, 2010, p.110).

Vasu Devi Reddy (2008), a colleague of Colwyn Trevarthen, in her book *How Infants Know Minds* identifies ‘ways of knowing about others’ which can be summarised as:

**1st person attribution.** When I am happy I smile, therefore when I see you smile, I assume you must be happy

**3rd person objective knowing.** For example longitudinal studies or neuroimaging enable us to ‘know’ about brain development, and the impact of early adversity.

**2nd person or intersubjective knowing.** When somebody says or does something directly to or with us, (someone smiles at, or frowns at us), we have access to information that is unavailable to somebody observing from the sidelines. This intersubjective, or second person way of knowing, the experience of being with someone, is the only way that the baby has of knowing about others.

Babies have from the beginning different experiences of being with the people who care for them. These are bodily experiences (smell, sound rhythm, voice,) and include different states of being (drowsy /alert and comfortable, hungry, desperate, fed, satisfied, curious, startled, interested) and of those states changing in the company of another body who may not initially be perceived of as separate. This makes up the experience of ‘being with’.

The baby is gradually learning about their own feelings and the feelings of others, and is developing their own ideas or representations of the particular family of which they are a part and of the people in that family. The baby is learning all the time about how to be with particular others, and changing their behaviour, discriminating on the basis of that learning.

**Let’s return to Donald Winnicott and ask how much was he a man of his time and how relevant are his ideas for us today?**

Donald Winnicott was a paediatrician who trained as a psychoanalyst and a child analyst. He was married but did not have children of his own. He developed his theories in the early forties, fifties and sixties. It has been argued that his ideas have a bias towards the Western concept of family prevalent at that time, and that family life in the 21st century and in many other parts of the world bears little resemblance

to the families he saw and worked with (Phillips, 1988).

In his book *Through Paediatrics to Psychoanalysis* Winnicott (1958/82) presents a series of papers marking the development of his thought. Winnicott wrote as a paediatrician, for paediatricians, and later as an analyst who contributed significantly to psychoanalytic theory and practice. Winnicott also spoke to and wrote for the public, particularly mothers and fathers, making over 50 broadcasts on the BBC between 1949 and the early 1960s. Many of these talks are collected in the book *The Child, the Family and the Outside World* (Winnicott, 1964/87). This is what made his ideas accessible and part of our everyday language, and it is ideas from these papers I will be primarily drawing on today.

Despite the title, he was not only concerned with the outside world. He was very concerned with how the inside, inner world of the person develops.

Some of Winnicott’s key ideas and terminology have entered the lexicon and the public imagination and those I will refer to today include:

- Primary maternal preoccupation
- The ordinary devoted mother
- The good enough parent
- The idea of ‘holding’

Winnicott called the first of his BBC talks *A man looks at motherhood* (Winnicott, 1964/87, Ch. 1). He recognised that he was a man, talking about an experience that belonged, very importantly, to women.

I think it is possible to consider Winnicott as a certain kind of feminist in his recognition and valuing of what mothers and families ordinarily do. He was concerned about the growing intrusion into the family from professional expertise and also the dangers of idealisation of motherhood and of the family. He wrote: “I am trying to draw attention to the immense contribution to the individual and to society which the ordinary good mother with her husband in support makes at the beginning, and which she does simply through being devoted to her infant” (his emphasis)( *ibid* p.10).

He also writes “The ordinary good mother and father do not want to be worshipped by their children. They endure the extremes of being idealised and hated, hoping that eventually their children will see them as the ordinary human beings that they certainly are”. (*ibid* Ch. 12, p.84).

The notion of the ‘good enough parent’ arises from Winnicott’s efforts to provide support for what he called “the sound instincts of normal parents ... those who are likely to achieve and maintain a family of ordinary healthy children” (*ibid* Ch. 26, p.173.)

Winnicott asserted that much of our emotional health is embedded in infantile experiences with our mother, (or whoever is the primary carer), in the environment provided by the people who care for the baby, and who care for the mother. An understanding of the lifetime importance of early experience was there in Winnicott’s work in the 1950s and 60s, and the evidence, as we discussed at the start, has now caught up.

At the end of a talk on breast feeding Winnicott (1964/87, p.57) writes, “The aim of infant care is not limited to the establishment of health but includes the provision of

conditions for the richest possible experience, with long term results in increased depth and value in the character and personality of the individual". The fact that in a chapter on feeding he writes about the development of the person demonstrates his profound understanding that:

*All the very early details of physical care are psychological matters for the infant ... by expressing love in terms of physical management and in the giving of physical satisfactions she enables the infant psyche to begin to live in the infant body ...". And he continues: "This is something that becomes possible only through love. We sometimes say that the infant needs love, but we mean that only someone who loves the infant can make the necessary adaptation to need, and only someone who loves the infant can graduate a failure of adaptation to follow the growth of the individual child's capacity and make positive use of failure (ibid p.183).*

He says "What cannot be taken for granted is the mother's pleasure that goes with the clothing and the bathing of her own baby. If you are there enjoying it all, it is like the sun coming out, for the baby". Soon afterwards he writes "Some children are never allowed even in earliest infancy just to lie back and float. They lose a great deal and may altogether miss the feeling that they themselves want to live ... if I can convey to you that there really is this living process in the baby (which as a matter of fact is quite difficult to extinguish) you may be better able to enjoy the care of your baby". (ibid pp.27-28).

Winnicott identified what mothers need if they are to do a good enough job:

*"I am certainly not putting forward the view that it is essential for the young mother to read books about child-care ... She needs protection and information, and ... the best that medical science can offer ... She needs a doctor and a nurse ... in whom she has confidence. She also needs the devotion of a husband, and satisfying sexual experiences. But she does not necessarily need to be told in advance what being a mother feels like." (p.9). He also said, "in the long run what we need is mothers as well as fathers, who have found out how to believe in themselves" (ibid p.49).*

He directs our attention to these early relationships as 'the facilitating environment', and thought of psychopathology as originating from 'failures of parental provision'.

Winnicott writes "I once risked the remark, 'There is no such thing as a baby' – meaning if you set out to describe a baby, you will find you are describing a baby and someone. A baby cannot exist alone, but is essentially part of a relationship" (ibid p. 88). By this I understand him to mean that not only can a baby not survive alone, but that the baby's experience of themselves only develops within these early relationships, and "... the inherited potential of an infant cannot become an infant unless linked to maternal care". (Winnicott, 2007b, p.43).

### The world in small doses

Winnicott considered that experiences could be traumatic for the child if they were incomprehensible or overwhelming. The onus was at first, (in his terms) on the mother, to present the world to the infant in what he called 'manageable doses'. And the responsibility of those helping mothers and infants was to protect this process.

He writes, "The mother is sharing a specialised bit of the world with her small child, keeping that bit small enough so that the

child is not muddled, yet enlarging it gradually ... This is one of the most important parts of her job. She does it naturally" (Winnicott, 1964/87, p.72).

He describes a period of 'primary maternal preoccupation' beginning towards the end of the pregnancy and continuing in the early weeks of the infant's life ... the special mental state, "that would be an illness if not for the pregnancy" (Winnicott, 1984/56, p302), that a mother must experience and then recover from "in which to a large extent she is the baby and the baby is her" (Winnicott, 1987, p.6). This is a necessary part of creating and sustaining the 'facilitating environment' that allows her to adapt to and meet the changing physical and psychological needs of her baby.

In *Further Thoughts on Babies as Persons* (Winnicott 1964/87, pp.89-91) he writes:

*I will try to classify some ways in which a mother is needed.*

*a) ... the mother is needed as a live person. Her baby must be able to feel the warmth of her skin and breath, and to taste and see. This is vitally important. There must be full access to the mother's live body ... Fundamentally love expresses itself in physical terms ... the mother's aliveness and physical management provide an essential psychological and emotional milieu, essential for the baby's early emotional development.*

*b) Secondly, the mother is needed to present the world to the baby in small doses. ... [from this comes] comes the baby's introduction to external reality, to the world around ...*

*c) ... I will add a third way in which the mother is needed, the mother herself, and not a team of excellent minders. I refer to the mother's job of disillusioning ... Gradually (she) enables the child to allow that although the world can provide something like what is needed and wanted, ... it will not do so automatically, nor at the very moment the mood arises or the wish is felt.*

Winnicott said the mother is "making the demands of reality bearable" (ibid p.91). This includes very everyday experiences like having to wait to be fed or picked up, or being weaned. Winnicott says that the mother cannot do this disillusioning "unless she has first meant everything to the child (ibid p.91), describing clearly the infant's initial absolute dependence on adequate "environmental provision".

### The ordinary healthy person

A central part of Winnicott's thinking about 'the ordinary healthy person' includes the idea that he or she "has at one and the same time a feeling of the realness of the world, and of the realness of what is imaginative and personal" (ibid p.69).

He identifies "**the three lives** that healthy people live."

1. The life in the world, with interpersonal relationships as the key to making use of the non- human environment.
2. The life of the personal (sometimes called inner) psychical reality. This is where one person is richer than another, and deeper and more interesting when creative ...
3. The area of cultural experience ... Cultural experience starts as play ... It starts in the potential space between a child and the mother ..." (Winnicott, 1986, p.35)

In another paper he writes "I realized, however, that play is in fact neither a matter of inner psychic reality nor a matter of external reality" (his emphasis) (Winnicott, 1971/85, p.113).

Winnicott says this area of experience does not develop “unless at the beginning each one of us has a mother able to introduce the world to us in small doses” (1964/87, p.69).

### So what about fathers?

It has been argued that Winnicott’s most important theoretical contributions to psychoanalysis, are never described in terms of the difference between the sexes and that he did not define a specifically masculine role for fathers (Phillips, 1988; Richards & Wilce, 1997). However primary maternal preoccupation, the ordinary devoted mother, the good enough mother, do identify specifically gendered roles, determined both by biological factors and in part socio historical influences.

In a paper called *What about Father?* Winnicott identifies the “different ways in which the father is valuable” (Winnicott 1964/87, p.114), much in the same way that he wrote about the mother; “The first thing ... is that the father is needed at home to help mother feel well in her body and happy in her mind. A child is very sensitive indeed to the relationship between the parents ...” Here we find an illustration of his understanding of what are now called the infant’s ‘triadic capacities’.

He continues, “The second thing ... is that the father is needed to give mother moral support, to be the backing for her authority, to be the human being who stands for the law and order ... it is much easier for the children to be able to have two parents; one parent can be felt to remain loving while the other is being hated, and this in itself a stabilising influence” (ibid p.115).

Here we find his enduring capacity to acknowledge ambivalence, the mixed feelings which are a necessary and inevitable part of everyday family life.

*“The third thing to say is that father is needed by the child because of his positive qualities and the things that distinguish him from other men, and the liveliness of his personality ... if father is there and wants to get to know his own child the child is fortunate, and in the happiest circumstances father vastly enriches his child’s world”* (ibid pp. 115-116).

Here the father is acknowledged as a particular and important ‘someone’ for the infant.

For Winnicott, a key parental function was that of ‘holding’, encompassing the physical acts of holding, feeding and caring as well as the psychological act of ‘keeping the baby in mind’. He incorporated the father as part of the holding environment, seeing him as supporting, perhaps ‘holding’ the mother, and in so doing enabling her to hold the infant. The ‘good enough father’ backs up what the mother initiates, providing an extension of the mother’s holding.

Winnicott wrote, “This is where the father can help. He can ... provide a space in which the mother has elbow-room. Properly protected ... the mother is saved from having to turn outwards to deal with her surroundings at the time when she is wanting so much to turn inwards, when she is longing to be concerned with the inside of the circle which she can make with her arms, in the centre of which is the baby. This period of time ... does not last long ... and we must do all we can to enable her to be preoccupied with her baby at this, the natural time” ... (Winnicott, 1964/87, p.25).

Winnicott saw the enfolding arms of mother as extending into the strong arms of father, family, school and ultimately the

law. Unfortunately, and I don’t want to spend long on this, but just as the strong arms of father can be protective, they can also be hurtful. An abusive partner makes it very hard for even the most devoted parent to care for and protect her baby. It is also true that the strong arms of the law and of government policy can support families to raise their children, but can also be cruel and damaging. Our current policy of mandatory detention of asylum seekers fundamentally undermines family life and makes it impossible for otherwise good enough parents to adequately hold and protect their children.

Returning to father, Winnicott suggests that “One of the things that a father does for his children is to be alive and stay alive during the children’s early years. The value of this simple act is liable to be forgotten” (ibid p.116).

When Winnicott uses the term ‘alive’ it is likely that he means something in addition to the obvious literal interpretation. Winnicott was concerned with the experience of aliveness, and writes explicitly, “We find either that individuals live creatively and feel that life is worth living or else that they cannot live creatively and are doubtful about the value of living. This variable in human beings is directly related to the quality and quantity of environmental provision at the beginning or in the early phases of each baby’s living experience”. He continues that there is “a special complication that arises out of the fact that while men and women have much in common they are never the less also unlike. Obviously creativity is one of the common denominators, one of the things that men and women share, or they share the distress at the loss or absence of creative living” (Winnicott, 1971/85, pp. 83-84).

### Family diversity

So how relevant are Winnicott’s ideas about mothers and fathers and babies today? To answer this we need to come back to the practical as well as the ideological questions raised by the title of this conference, *And father makes three: family inclusive practice*, and ask “What is a father, what is a family, and therefore what is ‘family inclusive practice’, and how do we decide who to include in this inclusiveness?”

So what is a family? Families Australia provides the following definition that allows room for this complexity but it may also be so broad that it is not very useful: *Families are diverse in their composition and forms ... families are what people define them to be* (Robinson & Parker, 2008).

It is stating the obvious in our multicultural country that families are very diverse. To begin with are Australia’s first peoples, and the devastating impact of British colonial history on children and families, followed by continuing and changing waves of migration. This history and our developed nation status mean that there is perhaps more diversity in Australia than in most other parts of the world, in what constitutes the family, in approaches to child rearing and in how babies are conceived and conceived of.

### Culture

Despite the diversity, the assumption remains that if done well enough, the outcome of parenting and family life will be similar – a human being well enough adjusted, who can love and work and play, and who will contribute socially to whatever version of Australian culture they have been raised in and go on to rear other children well enough and so on. It is beyond the scope of my talk today but there are challenges to this notion that although parenting is acknowledged as a

cultural activity, the outcome of good enough parenting will be similar (Gaskins, 2006).

It is obvious that parenting is a cultural activity and there is significant cultural variation in social interactions with infants (Gaskins, 2006). I am using the word culture here in its widest sense, to include ongoing and relatively rapid changes in Australian society about how children are conceived or understood and raised as well as the variety that exists between as well as within cultural groups about kin relationships, roles and responsibilities. I want to consider a couple of examples.

### **A community, the father and a baby**

Between 2010 and 2013, I was working at the Menzies School of Health Research in the 'top end' of the Northern Territory. Thirty per cent of the NT population and around 80 per cent of those living in remote and very remote communities are Aboriginal people, who often have English as their second or third language, and where variants of traditional cultures and practices continue to be observed, access to basic services is limited and there is considerable poverty and other adversity for many families.

The job included delivering a parent-child intervention for families with 2 to 5-year-olds in several remote communities and consulting to the NT child protection services (Mares & Robinson, 2012). Primarily mothers and children attended the program but quite often other family members came as well, grandmothers, siblings, sometimes fathers.

Despite the recognized heterogeneity of Aboriginal peoples across Australia, there is consistency in the importance given to kinship and the child's relationship with others, and their connection to country and to the spirit of their ancestors (Lohoar, Butera & Kennedy, 2014). In a paper called *Growing up our way*, Kruske and her colleagues document the first year of life for Aboriginal children in two 'top end' remote communities (Kruske, Belton, Wardaguga & Narjic, 2012). They observed that "Members of the family constantly touched, handled, and held the babies. Each infant seemed very content with this activity and would happily go from one family member to another ... (p.779) ... We observed that the infants in this study had primary relationships with their mothers in the first year of life, which extended to multiple connections with other family members once they were older (p.783).

Then follows something very similar to Winnicott's idea of *the holding environment provided by the father and wider family who support the mother so that she can hold the baby*: "When discussing the role of other family members, the respondents explained that the mother plays the most important role in a child's life at this young age, and that the father and other family members were responsible for ensuring that she was able to 'do her job.' As the child grew older ... relationships with other family members grew stronger, and other adult members of the broader family network ... became involved in child rearing activities" (ibid p.780).

For these children their identity and belonging are understood to extend much further than immediate family and community; "Every child in the two communities had their own Dreaming ... Knowledge about their relationship with their Dreaming and with all other living things—be it plants, the sky, or people—was one of the lessons families shared with infants in their first year of life." (ibid p.780). This was the same for the children I worked with in the Tiwi Islands, who

often included the totemic figures linked to their Dreaming alongside family members in drawings of the family; identity included the Dreaming.

I had the opportunity to develop a resource for the Katherine and Remote NT child protection service, called *Child Safety and Wellbeing in the Early Years*. The aim was to integrate what can be called 'mainstream' academic knowledge and theory about early development with Aboriginal cultural knowledge about early development, safety and risk, so this could be applied to their work in the NT remote context. Project workshops included a facilitated 'two-ways' discussion and information exchange about current scientific evidence and local Aboriginal understandings about early development, attachment and parenting, the foundations for learning and wellbeing (growing up strong) and the impact of violence, trauma and attachment disruption (loss of connection).

Comments about fathers and the role of fathers in remote 'top end' communities included:

*Father is always there. Then when child is more aware they will follow the father. Mum gives the discipline, Dad will play but later they adopt everything from the father.*

*They (fathers) normally get involved later, after four years with male children and ceremony, teaching for singing and dancing.*

*Up to three years it is not really their roles. A handful of dads might change a nappy but the Dad will be there always. Dad will be there, speaking in tribal language. The boy will speak his language.*

*Men can be ashamed if their son hasn't been through the Law.*

*They can be starving of food, but also they can be starving of culture.*

This last point includes the idea of critical periods for culture as well as for brain development and attachment.

### **In my Father's Country**

I was discussing this last point with a group of child protection workers because of concerns about children removed from community missing out on ceremony and therefore having no place on country or in family. The other concern was about returning children to a community for ceremony or 'Sorry business' when that was where they had been neglected or abused.

We watched a film, *In My Father's Country* about a Yolgnu boy going through ceremony, including traditional circumcision (Murray, 2008). This raised questions from the non-Aboriginal workers, about whether aspects of ceremony could or should be considered traumatic. What I saw illustrated in the film was a boy held very strongly within family and culture so that the experience was very powerful but not overwhelming, it made sense and helped him make sense of his place and where he belonged. But it was also obvious that a child without strong supportive relationships and place in the community could have had a very different and frightening experience.

This is a brief example of the great diversity in what constitutes a family and the family and community are where and how the child finds a sense of themselves and of their belonging, their place.

Returning to Winnicott, in 1964 when he was aged 68, Winnicott gave a talk to the Progressive League entitled *This*

*Feminism*. He begins, “This is the most dangerous thing I have done in recent years” (Winnicott, 1986).

I agree that this is a topic fraught with potential pitfalls. It is hard to play around in this space – thoughts and feelings about gender, parenting, culture and families are so emotionally charged, so personally held.

He continues, “Naturally I would not have chosen this title but I am quite willing to take whatever risks are involved ... May I take it for granted that man and woman are not exactly the same as each other, and that each male has a female component and that each female has a male component? .... I pause in case you claim that there are no differences” ... He then goes on.

*“There is a difference between men and women, which is more important than being at the sending or the receiving end of feeding or in sex. It is this: there is no getting around the fact that each man and woman came out of a woman. Attempts are made to get out of this awkward predicament ... However every man and woman grew in a womb and was born ... the trouble is not so much that everyone was inside and then born, but ... It is necessary to say that at first everyone was absolutely dependent on a woman, and then relatively dependent. It seems that the pattern of your personal mental health and mine was laid down by a woman at the start who did what she had to do well enough, at the stage when love can only be expressed physically if it is to be meaningful to the baby” (ibid p.191).*

It seems almost wrong these days to mention, as Winnicott does, that not everyone, everybody can be or do everything. Currently a woman does remain necessary for the gestation, the pregnancy. But is she still necessarily a mother?

### **50 Ways to make another**

Let us consider - where DO babies come from? The answer to this question is as difficult as it ever was and perhaps even more complicated. With developments in assisted reproductive technology (ART) neither a man nor a woman needs to be present at the physical conception of the baby, just someone ‘doing what comes scientifically’ rather than what comes naturally.

Winnicott writes, “A child is lucky if ‘conceived of’ as well as the being the result of physical conception (Winnicott, 1986, p.191), and “Needless to say, conceiving of children does not produce them ... 11 (Winnicott, 1987, p. 51) and also “... it has to be remembered that a baby may be conceived un-creatively – that is, without being conceived of, without having been arrived at as an idea in the mind.” (Winnicott, 1986, p.48).

Winnicott makes it obvious here that babies exist as ideas and in imagination before they actually arrive. And that he identifies the ‘creative process’ as the imaginative act of conception, rather than necessarily the biological act.

More and more children are now conceived through ART, including surrogacy, and there is a small but growing literature examining psychological aspects of this. The importance of telling children about their origins is often emphasised but not about how to actually do it, which can be quite complicated to explain. There is also a small literature exploring the entry of other people—the donor(s), the doctor(s)—into the sexual and conceptual relationship (Ehrensaft, 2008). These days, with enough resources, a lot more than three people are potentially involved, and it is almost becoming possible to do away with

the idea of Mother. Parents using donor egg or sperm are able to make detailed choices about aspects of the donor without meeting them. For the children, legislative changes are underway in some states to make contact with and information about donors more available and there are mixed reactions to this. When grown up, the children so created can react to this in different ways.

### **Jo and Joe**

I know of two half siblings now grown up who take opposite positions about the same person. A man donated sperm around the same time to two women who didn’t know each other. They raised the children in different parts of Australia without any input from him. At some stage, the children became aware that they had a half sibling and sought each other out. One had known early about the donor, the other was told during mid adolescence. One now has an adult relationship with the man who is identified as father. The other is very adamant that he is irrelevant, not father. So in what senses is this man a father to his biological children and will he be a grandfather too and so on...?

### **This next story I am calling three men and a baby (and two women somewhere)**

I want to tell you about a baby who was very much conceived of before he was conceived. To keep it anonymous some of the details have been changed.

Walking our dog in the park recently, we met three men (friends of friends) who were out with their 2-year-old. The biological father, who we hadn’t seen for a couple of years, is a resident of Australia formerly from a developed country in the Middle East. The child was conceived using his sperm, an egg donated by a woman in a developing country and the pregnancy was carried by a surrogate mother in Asia. The baby was then brought to Australia. I am not sure about his current visa status or how his family plan to talk to him about where he comes from.

The boy is being raised primarily by the man who is his biological father and the other couple also provide support. I said to the father after chatting to the baby and talking about the dog, (they were interested in each other...), “How’s it going being a father? Or should I say how is it being a parent?” He replied after a pause, “It’s great. It is going well. Then he said, “I am whatever he needs me to be”.

It is possible to conceive of and then have a baby conceived using donated egg and/or sperm and for a woman biologically and socio/culturally unrelated and in another country, to grow in her womb and give birth to that baby and then for the baby to be raised within an extended and non traditional family of men in Australia.

To some extent when conceiving a baby in this way how is the baby conceived of and thought about? Perhaps it is as a little person with a biological inheritance, but with a history and cultural inheritance that can be selectively claimed or ignored? These inclinations, aided by and responsive to technological and socio-cultural change, run strongly counter to ideas and assertions that fiercely link biological and cultural origins with identity. The reality of what a baby is, where a baby comes from and what a father is in this story is very different from the earlier stories from the NT.

### **Such a thing as a baby, a baby who is a person**

So in the light of this, let’s think about these actual babies

conceived of and conceived, carried and raised in such very different ways, and re-consider Winnicott's famous perhaps overly quoted quote that "there is no such thing as a baby, only a baby with someone".

Talking to midwives Winnicott said "If we all become persons in our work then the work becomes much more interesting and rewarding. We have in this situation [of birth], four persons to consider and four points of view. First there is 'the woman' who is in a very special state, which is like an illness except that it is normal. The father to some extent is in a similar state and if he is left out the result is a great impoverishment. The infant at birth is already a person ..." (Winnicott, 1957/2006, p.155).

And then there is the midwife or attendant doctor and so on. So Winnicott says there is no such thing as a baby and yet he also says the baby is a person from the start.

Winnicott wrote BBC talks and papers called *The baby as a person* and *Further thoughts on babies as persons* (Winnicott, 1964/87). He does not specifically define what a person is, but describes an emerging social being developing their own bodily and also imaginative inner experience from even before birth. Here he is talking about it.

*"Who can say how early there are the beginnings of this imaginative life of the infant, which enriches and is enriched by the bodily experience? ... it is this above all, ( playfulness) which indicates the existence of a personal inner life in the baby"* (ibid p.88).

From the very beginning Winnicott claimed that the infant sought contact with a person, not simply instinctual gratification from an object. By spending a lot of time with babies and with parents, he recognised that the infant starts life as a profoundly sociable being: "he clamours for intimacy ... for relatedness, not simply for satisfaction". In fact satisfaction is only possible in the context of relatedness to the mother. He writes, "it is not instinctual satisfaction that makes a baby begin to be, to feel that life is real, to find life worth living" (Winnicott, 1971/85, p.116).

These ideas are clearly supported by work using microanalysis of early social interactions, the work of Tronick, of Trevarthen and his team, of Lynne Murray, of Beatrice Beebe to name a few.

I would argue that Winnicott did think both that there was 'no such thing as a baby' and that he also very clearly believed / observed 'that there was such a thing as a baby who was a person from the start', who was motivated to be with other persons and who was developing an inner and personal life.

### Conclusions

So I will end with some thoughts and questions that I don't necessarily have answers for.

### Conceptions

Is there now the possibility of and perhaps even the wish to get around the *awkward predicament* ... the fact that men and women are different and that a man with sperm and woman with eggs are both necessary for conception to occur, and that a woman, not a MOTHER is briefly necessary for the duration of the pregnancy, even if egg and sperm and womb all start off in different countries and that the baby so conceived knows little or nothing about some of these people?

Are we at risk of ignoring the other *awkward predicament*

– the absolute dependence of the infant prior to and after birth and what this means for the care of women and babies during and after pregnancy? We still currently all *came out of a woman*.

And isn't it amazing that even with at least 50 ways to make another, that a baby, a person with their own liveliness and curiosity and humanness from the start is still created.

### Essential environmental provisions

Once the baby is born, however they are conceived of and conceived, are there some universals, some essential *environmental provisions* that all babies need?

Winnicott makes a very big statement, "The needs of infants and small children are not variable; they are inherent and unalterable ... These conditions need only be good enough..." (Winnicott, 1964/87, p.179). And later "... and the basic principles do not change. This truth is applicable to human beings of the past, present and the future, anywhere in the world, and in any culture" (ibid p.184). Some cultural theorists might disagree or at least want to qualify this assertion.

He outlines these 'basic elements' as being sequentially but also concurrently necessary, and note the order in which he writes them, it is from the outside in and clearly not limited to a dyadic focus. *Even in a condensed state one must separate out the following elements:*

1. *Triangular relationship (held by the family)*
2. *Two-person relationship (mother introducing the world to the baby)*
3. *Mother holding infant in unintegrated state (seeing the whole person before the infant feels whole)*
4. *Mother's love expressed in terms of physical management (maternal techniques).* (ibid p181);

Later in this chapter, discussing the relative lack of siblings and smaller size of the modern nuclear family he writes about the "gradual displacement of the child's two-body and three-body relationships outwards from the mother and the father & mother to society in its wider aspect" (ibid p.186).

### How important is gender?

How important is gender to parenting? It still seems pretty fundamental to many aspects of how we live within our bodies and with each other and to our identities personally and socially, but what about differences in parenting? Could the qualities of the person and of what is provided, and of the context, be more important than gender? As the father with the infant conceived through donor egg and surrogate mother said, "I am whatever he needs me to be", and if that is true, perhaps that baby is very lucky.

I know that Richard Fletcher in his talk yesterday said that substituting the word 'parent' for the word 'father' was not an effective or sufficient way to engage fathers, but it may help us think about whether there are some 'essential environmental provisions' that babies need from their parents given the current diversity of roles and family structures.

Winnicott draws attention "to the immense contribution to the individual and to society which the ordinary good parent with their family in support makes at the beginning, and which they do simply through being devoted to the infant."

Can fathers and mothers and the biological differences between them in traditionally gendered roles be done away



with after the actual making of the baby? I would argue, and our increasing family diversity seems to support the belief that it is more important to consider how the people who are with and responsible for the baby are able to be with the baby, to care for and adapt themselves to the infant person, rather than their gender designated social or biological role. Winnicott writes, "Fathers come into this not only by the fact that they can be good mothers for limited periods of time, but also because they can help to protect the mother and the baby from whatever tends to interfere with the bond between them, which is the essence and the very nature of child care" (p.17). Aboriginal families in the 'top end' of Australia assigned this protective role to the extended family and community, and the literature and my own observations indicate that these people could also be 'good mothers for limited periods of time' if we take 'good mothers' to mean the person primarily preoccupied with the baby.

When seeing families, we need to ask who is able and willing to be preoccupied with the very young infant, to introduce the world in small doses, to gradually disillusion the baby, and to recognise and support the development of the baby's inner world.

Noting Winnicott's comment that it is "the mother herself and not a team of excellent minders" who needs to do the job, can we now, with the help of Winnicott, and subsequent research evidence identify a "widening pool of qualities, which come into play as the child develops. More than gender, it is the qualities which count" (Richards & Wilce, 1997).

And if these things are provided, does this help explain that despite the wide cultural variation in how children are raised there are apparently similar outcomes if we accept that most children with 'good enough provision' grow up to be contributing and generative members of the culture and society in which they are raised?

It is hard to argue with Winnicott, and I paraphrase him here, that all babies everywhere, how ever they are conceived or conceived of, need someone or some ones to be primarily preoccupied with them in the early months after they are born, and to adapt as nearly as possible to their needs.

And those infants grow and get to know their families through the ways in which *love is expressed through the rhythms of physical care*.

And it makes sense that this is done more easily if the person doing the adapting, being the closest part of the facilitating environment is supported and protected, held, so that they can focus in on the baby and not so much out, in order to do their job as well as possible and to introduce the world to the baby in small doses, and to then in Winnicott's words to gradually disillusion the baby.

#### **What might this mean for our work?**

Whether we are offering a family inclusive practice or not, there is always the risk that the baby's experience will be lost or forgotten, that the baby will be overlooked in the loud cacophony of adult stories and pre-occupations.

Primarily we need to include and hold in our minds the infant's experience, the infant who we know is discriminating, making distinctions, choices from the beginning, based on their experience of being with the people who care for them. And when we are with the family, to be considering this experience from the infant's point of view.

And after all this, I think it is clear that Winnicott was right about many things and that the objective evidence, provided by new technologies including neuroimaging techniques and film, has elaborated what he had understood through observation, by being with many babies and many parents in his work as a paediatrician. Going back to Vasudevi Reddy's work on ways of knowing about others, we can have all the objective, third person knowledge available to us, but it doesn't substitute for what can be known and learned by being with infants and families, the inter-subjective, or second person knowing (Reddy & Trevarthen, 2004). This is how we learn the most important things in our work and in our training for the work. This is how babies experience the social world.

Reddy and Trevarthen (2004) write "If we don't engage with infants, they wouldn't learn very much at all about us, just as we wouldn't learn very much about them. We draw their knowledge into existence and they draw ours. That is how infants, and we too, 'learn how to mean' from each other."

This way of understanding through observing and through being with babies and with families, which was the source of much of Winnicott's wisdom and inspiration, is as available to us as it ever was.

Thank you.

#### **References**

1. *From Donald Winnicott to the Naughty Step*. BBC Radio4 <https://youtube/jZ5DxjVhKhM>
2. Fernyhough, C (2008). *The baby in the mirror – A child's World from Birth to Three*. Granta Books: London.
3. Stern, D (2004). *The Present Moment in Psychotherapy and Everyday Life*. WW Norton & Co: New York
4. Stern, D (2010). *Forms of Vitality- Exploring Dynamic Experience*. OUP: Oxford.
5. Reddy, V (2008). *How Infants Know Minds*. Harvard University Press: London.
6. Phillips, A (1988). *Winnicott*. Fontana Press, Hammersmith, London.
7. Winnicott, DW (1958/1982) *Collected Papers: Through Paediatrics to Psycho-Analysis*. The Hogarth Press: London.
8. Winnicott, DW (1964/1987). *The Child, the Family and the Outside World*. Perseus Publishing: Cambridge Massachusetts.
9. Winnicott, DW (2007b). The theory of the parent–infant relationship. In: DW Winnicott (Ed.), *The Maturation Processes and the Facilitating Environment* (pp. 37–55). London: Karnac, 1960 [originally published in 1965 by the Hogarth Press Ltd].
10. Winnicott, DW (1984/1956). Primary maternal preoccupation. In: DW Winnicott (Ed.) *Through Paediatrics to Psychoanalysis: Collected Papers*. Karnac: London.
11. Winnicott, DW (1987). *Babies and Their Mothers*. Eds: C Winnicott, R Shepherd & M Davis. Addison Wesley : Reading Massachusetts.
12. Winnicott, DW (1986). *Home is where we start from: essays by a psychoanalyst, DW Winnicott*. Penguin Books: Middlesex, England.
13. Winnicott DW (1971/1985) *Playing and Reality*. Penguin Books: Middlesex England.

14. Richards, V & Wilce, G (1997). *Fathers, Families and the Outside World*. Karnac: London.
15. Families Australia. Cited in Robinson, E & Parker, R (2008). *Prevention and early intervention in strengthening families and relationships: Challenges and implications*. Australian Institute of Family Studies.
16. Gaskins, S (2006). Cultural perspectives on infant-caregiver interaction. The roots of human sociality: Culture, cognition, and human interaction.
17. Mares, S & Robinson, G (2012). Culture, context and therapeutic processes: delivering a parent-child intervention in a remote Aboriginal community *Australasian Psychiatry* 20:2, 102-107.
18. Lohoar S, Butera N & Kennedy E (2014). Strengths of Australian Aboriginal cultural practices in family life and child rearing. *Australian Institute of Family Studies*.
19. Kruske S, Belton S, Wardaguga M & Narjic C (2012). Growing Up Our Way the First Year of Life in Remote Aboriginal Australia. *Qualitative Health Research* 22:6, 777-787.
20. Film: *In My Fathers Country* (2008). Director Tom Murray. Website: <http://www.inmyfatherscountry.com/>
21. Ehrensaft, D (2008). When baby makes three or four or more. *Psychanal Study Child* 63, 3-23.
22. Winnicott, DW (1957/2006). The contribution of psychoanalysis to midwifery. Ch. 13 in: *The Family and Individual Development*. Routledge Classics: New York.
23. Reddy, V & Trevarthen C (2004). What we learn about babies from engaging their emotions. *Zero to Three* 24:3, 9-15.