Psychodrama and Infant Mental Health: An Essay and a Conversation

Patricia O'Rourke and Heather Warne

The context for the work is an Infant Therapeutic Reunification Service. It is a joint health and child protection initiative in South Australia that works with 0-3 year-old infants who have been abused or neglected and their parent/s. Abusive parents come to the Service with minimal relational capacity and often actively work against being in relationship as their whole experience of relationship has been frightening. The focus of the work is learning to be in relationship.

The client in the story has generously given permission for the work to be published and presented.

Patricia O'Rourke: The reason for putting this piece of writing about this work into the psychodrama world is its eloquence. This work, and how we do it, is a synthesis or integration of psychodrama and infant mental health principles that enlarges both areas.

First the essay…

Moments from inside an Infant Therapeutic Reunification Service[1]

He turns up regularly, weekly, though sometimes late. Today he's on time, and sits awkwardly in the waiting room. He's thick set, 24 years old, pumps weights and drinks Red Bull. He never wears a jumper. His baby, a girl, soon to be a toddler, sits in her pusher, face slightly dirty, big blue eyes alert, wispy hair awry and poking out from under a red and white knitted hat with red pom poms dangling from the ear flaps. Her feet are bare. Today she grins at me, a wide toothy smile – she has a big gap between those two front teeth, and she looks just like her dad. Although her paternity is obvious, in the beginning it was contentious and required scientific verification.

[1] This essay by Heather Warne won the 2015 Ann Morgan Prize. The Ann Morgan prize was created by the Victorian Branch of the Australian Infant Mental Health Association to invite contributions that illuminate something about the infant's experience and also to be a forum for creative writing not bound by the rules and restrictions defining many professional publications.

He is less effusive in his greeting, doesn't directly say hello. He's a bit shy, socially awkward. The greeting is important. Sometimes our parents can't share, not even with their infant, and it can be a mistake to greet the infant first; if the parent flickers, and turns away just slightly with dry displeasure, we're off to a bad start. This dad is not like that, but he is on the edge of his comfort zone, here under duress. Mostly he warms up as we trundle down the corridor, through the grey security door then right, left, left and into the playroom. He reminds me of a friendly but slightly inept bear with a dolly in a flimsy toy pusher.

Usually he connects with me, on his own terms, by way of cars. He relates his latest mechanical exploits – the new shockers he's just installed on the V6, the deal he's wrangled for good second-hand tyres, and after this (meaning the session), he's off to the wreckers with his dad because the timing belt is on its way out. I will ask him again, a little later, about where the baby will be and I'll say something like, 'Wow that's a long time for her to sit in the car …' And he will say, 'Oh she's used to it,' and I will grapple with how much of a problem it is in the general scheme of things.

But today it's a bit different – he sucks on his can of Red Bull and fiddles with his phone as he pushes her along. He's not looking at me. Just as we get to the room his phone rings, and he says can he answer it? Perhaps he's remembering last time, when, sitting on the floor with the baby, I relayed what I felt, what the baby might feel, as he texted back and forth to one of the candidates he's vetting for a relationship. Perhaps he's remembering something of that conversation, carefully delivered with humour and empathy, so as not to shame him. I said how I felt alone and forgotten right then and there, while he held his phone, in his hands and his mind, and it was probably like that for his baby too. He scrabbled about, keen to tell me that the 'chick' on the receiving end of his attentions was only free now, since it was lunchtime… How would he manage, I wondered out loud, the romance and compulsion of a new relationship, while caring for a baby? Easy he said, we'd only do stuff where she could come too. He has criteria, has learned from his mistakes, he says. Good with kids is on top of his list, and he can provide details.

But maybe he did feel criticised, or there's something else on his mind. Whatever it is, the baby is here, however he feels, and how does he manage that? She's off by herself, busy with the toys, but she looks at him more than when they first came; she was eight months old. Now she's almost walking and he's keen for her to be properly mobile. Small babies are not really his thing.

There's no doubt she's in his heart, I can feel it in the room. He no longer goes out drinking, he doesn't tangle with the law. He's solid and reliable and committed. He's recently been shopping for her, for new clothes, and,

apart from the hat, she's decked out in pink. Sometimes she arrives buttoned at the front when I'm pretty sure the buttons belong at the back. Her bottles are clean, and he tells me she gobbles up the vegies he cooks for her. She's healthy, growing well, and meeting her developmental milestones – a far cry from the emaciated, silent, dull-eyed infant who arrived, aged four months, precipitously into his care.

Our Service, small, committed, and meagrely resourced, works with infants and parents at risk. All of our clients are involved with the child protection system. Our job is to put the infant first. We grapple with the complexities of parenting capacity assessment, out-of-home care, early decision-making in the best interests of the infant and within their developmental timeframe, and where possible, intensive therapeutic support with the infant and their parent/s or carer/s. Most of our therapeutic work is with mothers and their infants, most of the fathers are violent and don't have what it takes.

This father, however, is not violent, and took on his daughter's care when the mother couldn't do it. Within the hour he'd said yes, and had rallied his network and the basic necessities – cot, nappies, bottles and formula, singlets and grow suits and blankets. Fatherhood was huge for him, and he took it on. She arrived from her mother via a child protection worker, a haunted shell. Her mother was homeless and mostly drugged. This infant, like many we see, had witnessed violence, ugly and terrifying. She was left alone, to scream and despair, her bottles filthy and unfilled. She spent days at a time with mere acquaintances when her mother failed to return. She'd been seriously ill and was way too thin, admitted to hospital for 'failure to thrive'. Her body told the story. Her mother, repeating her own history, did not know how to do it differently.

He had fallen into a relationship of sorts when the mother was 'up'. They met through a friend, and for a few good weeks, she was fun loving and affectionate; then she moved in. She needed somewhere to stay. They talked about children, but she didn't stay faithful. He found the evidence on her phone. By then she was pregnant, and stealing his money, and leaving her other child in his care. He left, or threw her out, it's not clear which. He never went back. She alleged that he threatened their unborn child and took up again with a man who beat her. The father, our client, wasn't at the birth, and she disputed paternity. Hence the test.

He's not good at relationships, he says. As a boy he was angry, difficult to manage, and struggled at school. He received a dual diagnosis that has stuck. Asperger's Syndrome and ADHD. Heavily medicated to keep him compliant, he gained huge amounts of weight, and thus dulled and conspicuous, struggled more at school. He started drinking and thieving, and 'got in with the wrong crowd'. It seems no one heeded that he lived in

fear, his father drank and abused his mother. When his parents separated, home was a toxic soup of blame and acrimony. When we talk about it now, he glides over the pain, says his father has given up the drink, goes fishing instead, and that he, the grandfather, has Asperger's as well. The idea that something else was going on is very difficult to face and he doesn't appear to have taken in the recent psychiatric opinion that he was labelled wrongly…

He says he doesn't think his baby has Asperger's, and I agree. We edge about it some more. Trauma can look like Asperger's, I say, and again we talk about her brain, what all those stress hormones do to a small baby, how she learned not to rely on anyone and what she needs now. He says he's getting better at that, and I agree. At some point, he gathers her in, a bit rough, but he holds her close and for a moment she snuggles in. She goes to him more. There's an authentic quality in what he says, and I trust it. He says he's not good at the feeling stuff, and finding a way to say things.

And so it goes. We talk about the past, and what happens in the moment. I try to give to him what I want him to give to her. I wonder what he's thinking and feeling, what does he imagine she's thinking and feeling, tell him what I see him doing, let him know that I like him and know him to be a good person, understand that parenting is hard. Especially when you weren't expecting it and are going it alone when you really want a family, different from when you were little. Back and forth we go, between the baby and him, including both. What do you think that's like for her? Did you see what she did when you sat on the floor? What do you think it's like for her to see her mother? Is she any different when she gets home? This sounds like an interrogation, but I hope it's not. It's to and fro, joining them up, making links that weren't obvious before.

And I talk about how weird it is to come in here and talk to someone as old as me in ways that he's not used to and not comfortable with and is anything we're doing here helpful because sometimes it's hard to tell… and at regular intervals he talks about cars. He's not deterred by my ignorance.

Although awkward and at times repetitive, these sessions are not that difficult. Despite some worries about the time this baby spends in the car and wrecking yards, and sitting in her playpen next to the latest being worked on vehicle, this dad is good enough. He knows his baby, thinks about her, plans for her. He accepts help. And she relies on him. She makes a beeline for him when she's hurt or frightened, looks for him and cries when he's not there. Though she's too self-sufficient, and cruises the furniture on tiptoes, and parts of her are hidden, she is safe, and held in his arms and mind.

Not so, for others that we see. Young infants, for example, with unexplained bruising or broken bones, the ones who hold themselves rigid

and stare with hopeless eyes into the distance, the ones who look down, with flat lifeless faces and their hair worn away in telling patches from too much lying down or rocking back and forth. The ones who spit up their milk and scream without warning, or the ones who are eager and over-bright and latch on to strangers with desperate eyes. These are the ones who are not safe and not seen, and exist in helpless desperation.

As I recall the many such infants who come in through that grey security door, part of my brain disengages, and something else, akin to instinct, takes over, as it does in the room. The language of young infants is powerful and primitive. It is as if they speak through the feeling states that they evoke, how they hold themselves, and where they look. Infants cannot lie. They cannot help but tell the truth of their experience, the truth of their connection with the adult who holds them. Feeling states that are difficult to bear invade the room. Helpful theories and models simply evaporate, and, just as the infant cannot escape, I feel as if I am living on wits alone, with nowhere to hide. Trapped in their bodies, exquisitely sensitive, and helplessly vulnerable, the infant has no choice in the matter … the best they can do is to not look, hold themselves rigid, go still and silent and sometimes floppy, or overly bright and wide eyed, whichever serves them best. There's such rawness in the room, so much excruciating need. And there is always more than one baby, though only one is visible. The mother's infant self, as well as mine, are also present.

The mothers we work with are always wounded, horribly wounded, and champions of survival. They say the things that, logically, we would want to hear, and they trust no one.

'Good mother, no drugs, no violence, reformed, unfairly treated, love my baby, baby perfect, a few past hiccups but all good now. No one will listen, it's so unfair, I've done nothing wrong, I really am a good mother, had a few issues keeping things tidy, I'm not seeing the father, the baby is perfect, my world, my life, I'll do anything for him. I will get him back, I know it. It's just a matter of time and showing up here. I've done everything they've asked of me.'

How can she believe, though we've made it clear, that her best chance is to tell the truth? In her mind the truth, some version of this, would surely seal her fate: her childhood, or what little she remembers of it, was awful. She didn't feel safe, wasn't safe. From early on, she knew violence, abuse, neglect, terror, abandonment, and utter aloneness. She learned to numb herself. At some point, often very young, she fell pregnant. The promise of a baby, as if by magic, would fill the void. Here at last was someone who would love her, and not leave her.

It was not as she'd hoped. The infant screamed, was helpless, needed her. There was no one to help, she trusted no one to help. The partner, jealous,

became more violent. She did her best, but sooner or later, she spiralled down, and reports were made. Or even worse, she'd been through it all before, once, twice, three times or more, and they took the baby early, straight from hospital…

We search for the signs that show she recognises her part. She has, though she did not mean to, hurt her baby. Either directly, or indirectly, either way the baby was not safe, as she was not safe. She has to see that she has done to her baby what was done to her, and to face the shame of that. She needs to face and to feel what that was like for her baby. Then we can work with her, that little chink in her armour.

The process will be long, imperfect and blundering, with moments of triumph and no guarantee of success. We will sit through session after session of rage and blame, anguish and grief. It will be the infant who leads the way; he will turn in circles, or back away, he will spill his jumbled world onto the floor. We will sit with chaos, sit in chaos, amongst a sea of plastic coins, pots and pans and teacups, dinosaurs and crocodiles, wild animals and items from a doctor's set. It will be a long time before the train tracks join up and the train doesn't crash. We will wait for the crocodiles to move out of the doll's house. We will try to make sense of it all, and see through the infant's eyes.

My part will be to show up regularly and willingly. The process will challenge me to the core, to sit with what is not contained, to hold a boundary, to stay thinking and connected, with myself and them. At best we will build enough safety for a real relationship to emerge, one in which vulnerability can be shown, pain can be held, and soothing experienced. It will be difficult to get there. The work requires a team, regular supervision, and a shared belief that change is possible; intergenerational trauma does not have to go on and on.

They're back, the dad and his baby. They're fifty minutes late. I go to the waiting room, pleased to see them; I thought they weren't coming. She's straining to get out of her pusher, and missing a sock. He's dishevelled but upbeat. They have been on holiday to see his mum and celebrate the baby's first birthday. They've been on the road since early morning, have just arrived in town. I take a breath and imagine them, flying down the highway in the V6 with the spoiler on the boot and her strapped into the baby seat, staring out the window with eyes glazing over, or asleep. I'm glad they're safe. It's not that he's keen to see me; he's in trouble with his social worker for missing access, and he didn't dare not show up. Nevertheless, he bubbles with news. His mum is proud of him, she even said so, and they went camping, all together, and cooked lamb on a spit. The baby had a great time too, he said, and his best mate has just become a father. He wants

to move back to the town he grew up in. It's as if in claiming his baby he has also been claimed, back into his family.

A while ago I asked if I could write about them, and told him why. He laughed, a bit bemused and said 'yeah, sure', as long as he didn't have to write anything.

The next thing, he says, will be to take her fishing, out in the boat. I feel instantly queasy, and I say so. He's been thinking about that, the way he got his sea legs was to get started early, when he was five. She's only one, I say. We'll just do little trips, he says, and if she's not okay, we'll turn around and go back in. He's saving up for a very small life jacket.

Discussion

Heather Warne: It's interesting to think in terms of psychodrama about this piece of writing and my work generally as an infant mental health specialist, because I've been in a supervision group with you for the past 12 years, and everything I've learned is about using my self in relationship as the agent of change. I think it would be helpful if you said something about how you have been providing supervision to workers in the field of infant mental health and then I'll talk in a bit more detail about what I've learned.

Patricia O'Rouke: I've been providing supervision as a psychodramatist for a number of years now to groups of infant mental health workers from all different backgrounds. These workers have never been to any other psychodrama event. It's been very valuable, I think, because the work with infants is so preverbal and psychodrama has so much to offer in this area.

Heather: Yes, and managing intense feeling states is such a big part of the work. In fact, I think it's at the heart of the work, which was what I wanted to convey through the essay. It's through supervision that I've gradually become more aware of my own feeling states, and am better at tracking my feelings moment to moment. I know if I'm present or not present. I'm not afraid of my feelings and have become more accepting of my own sadness, fear and rage, as well as joy and excitement.

I'm also much more able to be with other people in an immediate way, feel with them, double them and stay with those feelings. I don't try to make other people not feel whatever they feel. I'm also less likely with clients these days to think it's 'all about me'. I use whatever feelings are in the room as information, rather than evidence of my own dysfunction.

On a more challenging note, I've learned that how I am in the room with a client really affects the outcome of a session, and that what I'm not conscious about in myself plays itself out in the relationship. For example, if I am rejecting of aspects of myself, I also reject that same thing in my client.

It is still a difficult thing to manage the very deep feelings that get triggered in me by injured babies and I can get shut down and rejecting around that, but as my supervisor, you're alert to that, which is a good thing!

I also think about roles these days and understand what it is to develop a new role and to help others to do this. For example, to assist parents to develop new roles around parenting, such as learning to think about what drives children's behaviour so that they become more tolerant and kind.

In fact, I've learned an awful lot from supervision in an organic kind of way. This conversation has made me more aware of the actual elements of what I've learned. I could sum it up this way – supervision has helped me to bring realness into the therapy room as well as spontaneity, the ability to really be with my clients, and to trust in the process of relationship, so thank you!

Patricia: It's great that we have the opportunity to continue building on those understandings. For example, at our most recent supervision session, we were able to work with the developmental progression from doubling to mirroring, where we saw from the video you brought that he doesn't need doubling so much now, he needs mirroring, and you needed mirroring in our supervision. In that moment (in the session), you didn't know how to mirror him because like everyone else, you haven't had enough mirroring. When I saw him, and you with him (in the video) you were feeling yourself getting bored to death by his endless talking about cars. We saw together that in the absence of him getting a mirror from you, he's gone off into his old coping role which he probably developed with his dad as a way to have some relationship with somebody. In this role, he yabbers on about cars – which is a bit downgrading of it because I'm sure that it's an interesting conversation at different times, but here in your conversation, he's using it to gently dust you off… lift you up and dust underneath and pop you back and carry on talking about the gear box…

Heather: Well it was the engine mounts that were snapping this week and the engine was bouncing around under the bonnet and I thought, it's getting more and more extreme, and that had me thinking that there's something I'm really missing here because the engine's about to fall out…

Patricia: It's a very interesting analogy; the engine mounts are snapping, the engine's bouncing around. If you were doing a psychodrama enactment, you might invite him to create the engine and the mounts and the snapping. He would be those things that he's describing to you. But you can't do that in our work like that – the baby's there for a start and it's a different kind of

process – it's not the contract. But you mirror and you double because you know these things, you have practiced them.

The writing process is a sort of doubling process in your self. It's like a production. Instead of actually producing the action on the stage you've produced it on the paper.

Heather: I find writing very enlivening. Through the writing I get immersed in the 'drama' and the felt sense of the session and at the end I feel more settled and have a new perspective. It's like an un-jumbling process that feels satisfying. And this is also how I feel at the end of a supervision session where I've really allowed the messiness of the work and my feelings about it to spill out into that trusted space.





Patricia O'Rourke is a Psychodramatist and Child Psychotherapist with a special interest in child protection and preventative work with infants, toddlers and their families. She currently co-ordinates the Infant Therapeutic Reunification Service at the Women's and Children's Hospital in Adelaide, works as a consultant, supervisor and trainer in private practice, and is completing a PhD at the University of Adelaide.



Heather Warne originally trained as an occupational therapist and has spent most the past 35 years working with children and families in community settings. Over the past 15 years, she has found her way into the fields of psychotherapy and infant mental health.

Heather now works as an infant mental health specialist with the Infant Therapeutic Reunification Service based at the Women's and Children's Hospital in Adelaide and maintains a small private practice.

Heather sustains herself by spending time with her grandchildren, writing, and occasionally getting to dig holes and plant things in her garden.