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in child mental health*

Transcript of Interview with Dilys Daws

This interview was recorded in March 2021

JANE:

It's not an exaggeration to say that Dilys Daws' contribution to the field of child psychotherapy has been immense. Spanning nearly six decades, her career is notable in many respects. In 1977, alongside Mary Boston, she co-edited the very first book on child psychotherapy in the UK. In 1985, Dilys' desire to extend the training of child psychotherapists led her to join the infant mental health workshop in the Tavistock Clinic in London. Still its co-chair, it was the first forum in the UK where parent-infant work could be thought about in depth and has become central to the training of child psychotherapists. She's also had a significant role in developing awareness of child psychotherapy in the UK. She co-founded the Child Psychotherapy Trust in 1989, which sought to increase the public's understanding of the emotional lives of children and it helped those who wanted to train as child psychotherapists.

It was during this time, under her tenure in the early 1990s, that she encouraged fellow child psychotherapists to speak to the media about child mental health and perhaps broke a taboo that had existed until then.

In 1979, she wrote, what was to become a classic for professionals and new parents, called 'Through the Night'. Her more recently published book 'Finding your way with your baby', won the British Medical Association prize for best popular medicine book. These books are clearly psychoanalytically informed, sharing some key theories with parents to help them better understand their babies, as well as themselves, during what can be a tumultuous period of time and perhaps what distinguishes them both from any other parenting book is Dilys' encouragement to parents to acknowledge the negative as well as positive feelings aroused in them by their babies.

In 1996, Dilys set up the Association for Infant Mental Health uk; a body for professionals working with infants. So it's clear Dilys' extensive writings and activities in promoting child psychotherapy are notable enough, yet it's her extraordinary work in the same baby clinic for over 40 years which is really quite remarkable and marks her out as one of the most important child psychotherapists of her generation because since 1976, she's been transforming the lives of children and parents in, what might be to some, an unconventional setting for psychotherapeutic work.

Each week, over this period of time Dilys, you've been going to the James Wig practice in Kentish town. It's a GP practice in London as parents bring in their babies to be checked and you stand by the weighing scales.

Standing by the weighing scales

DILYS:

Yes and that's what I called the first paper that I wrote about this work, 'Standing by the weighing scales' and it's a really useful place to be because it's where the first activity of the baby clinic is. So I'm visible in fact to the Health Visitors and the doctors working in the clinic and noticing me helps them to think about who might need help with the emotions of being new parents.

JANE:

So it's as much for fellow clinicians?

DILYS:

Yes, very much so and in fact I don't see patients 'on the spot' but I'm there for the health visitors and the doctors to make referrals to me to see them.

JANE:

You're very much observing what's happening between the parent and the baby when they bring in the baby to be weighed.

DILYS:

And you can see a great deal of what the relationship is like, simply by how parents undress their baby, how they put them on the weighing scales, how much the baby looks at them, or looks away; all that sort of thing. And I can point it out to the health visitors.

JANE:

You've written, 'it takes as much skill to stand next to a weighing machine as it does not to talk during a psychotherapy session'.

DILYS:

Yes, it's quite difficult to be an outsider in another place of work. I come from the Tavistock clinic to a place where I'm not a full-time member of the staff there.

JANE:

So there's difficulties in being an outsider. Do you want to say more about that?

DILYS:

Once when I was giving a paper to the Tavistock about the work, I think it was Sebastian Kramer, who asked me, 'What you need to be to do this kind of work?' and I jokingly said, 'a very thick skin'. You actually have to manage being an outsider but actually doing some quite difficult work on the inside.

JANE:

Now many people might not see this as psychotherapy and perhaps in particular not psychoanalytic psychotherapy and you've clearly been able to be bold in how you do your clinical work.

Tell me more about it

DILYS:

I've been bold and I also think that I quite consciously suggested to other professions that they be braver in doing what they do. I think one of the main things that I've been able to do is to help other professionals not to react directly, immediately to the problems that the patients /that families bring but to actually wait and ask them to tell them more about it. So instead of saying, 'have you tried so and so to solve a problem?' to say, 'tell me more about it'.

JANE:

Because it provides a thinking space.

DILYS:

Yes.

JANE:

So tell us more about the families you have helped.

DILYS:

What it's been is, families who have come in the baby clinic, to their doctor or their health visitor, with problems about excessive crying, sleeping, feeding and also quite a lot of mothers coming and saying that they're having problem with bonding with their baby. So it's the people who haven't been able to just use the ordinary good advice from the doctor and health visitor and they then refer some of those on to me.

JANE:

Now we'll be talking more about your ideas about what might lead a parent to come to somebody like you with a baby who's experienced problems with crying or feeding or not sleeping but I'm interested, what led you into this particular field of work as a child psychotherapist?

If I wasn't in this field, who would I have talked to about it?

DILYS:

It was something very personal. When I had my second baby there were some feeding problems and in fact my marriage was in difficulties at that point and I actually went back to the psychoanalyst who I'd seen when I was training as a child psychotherapist and talked to her about the problems but I thought, if I wasn't in this field and had somebody to go and talk to, who would I have talked to about it? And that's when I had the idea of actually me, or somebody like me, being available in a baby clinic.

JANE:

So you experienced the help that you'd received yourself and you were able to make some connections with your present experience and perhaps past experience?

DILYS:

Yes, and I've never forgotten that.

JANE:

And that's fuelled you, in wanting to help other parents?

DILYS:

Yes and it's also fuelled me in knowing that people don't need much help very often. That if they have a viable life already, just a bit of understanding can actually help them sort out current problems.

JANE:

And I know that you had a particular role model, or maybe role models, in your practice as a child psychotherapist growing up.

“Why don't you go and be one of Anna Freud's young ladies?”

DILYS:

Yes, my parents. My mother was a very good mother and I hope I passed on some of what I learned from her to my children but also that it's quite difficult to be a parent and doesn't stop being. My father was a GP working from working from home in Huddersfield and I could see that the work was really exciting and useful and I wanted to be a doctor when I grew up. Fortunately at the point when I had done my o' levels, I realized that I wasn't really going to be good at doing a medical training and actually what I did do was to go on to university to do social anthropology. Meanwhile after the second world war ended, my father did a psychiatric training, commuting from Huddersfield where we lived then, to Manchester. I was 12 by then and it was a psychiatric training that had quite a psychoanalytic basis to it. So there was Freud on the dining room table as I grew up and that actually really influenced me. My father then was working in child guidance and after I'd graduated and was wondering what to do, he actually suggested – he knew Anna Freud – and told me about child psychotherapy and said, “why don't you go and be one of Anna Freud's young ladies?” Which is what they were called at the time and I did in fact apply to the Anna Freud Centre and wasn't accepted. I then later applied to the Tavistock and was. I trained there quite young.

JANE:

So you were, did you say, twenty-three when you started?

DILYS:

I was twenty-five when I started which is much younger than most people are accepted these days and was too young really; I hadn't had enough experience but [during] the few years that I had of working, I worked at one point at the Institute of Community Studies in Bethnal Green where really very star people – sociologists like Peter Townsend, Peter Wilmot were working. It was run by Michael Young. So I had a really good background in social sciences before I trained as a child psychotherapist and that's enabled me, I think, always to think of the context.

JANE:

So perhaps having those early days of being really grounded, in many ways, in giving service to others, had a big impact on you, through your parents and then that early training in a wide field and I know that you studied anthropology at university. Perhaps that's enabled you to be able to think very broadly about child psychotherapy and how you work. And I know that you were one of the first child psychotherapists to break the taboo of speaking to the media. Why did you decide to do that? You encouraged others to as well – other psychotherapists – to speak to the media too about child mental health.

People didn't know what we didn't tell them

DILYS:

What I thought was – they don't know what you don't tell them and that we had a whole lot of knowledge that we were keeping – that we were circulating within our own profession – and weren't telling people outside. Particularly politicians and civil servants I thought didn't know what we didn't tell them. I found people really delighted to hear about it.

JANE:

What struck me an awful lot about your writing, and particularly for parents, is that you don't blanch from confronting the emotional turmoil that is the reality for most parents at some stage and in particular, you describe things like jealousy and hatred that can arise between parents and even the desire many parents feel to hurt their babies even. Why is it important do you feel, to acknowledge negative emotions.

If you don't acknowledge the conflicts you really miss out

DILYS:

Because they're just as important as positive ones and just as universal and you really miss out on the whole meaning of relationships if you don't acknowledge the conflicts that one has. And if you don't acknowledge the conflict what happens? Things just get repressed and a whole dimension of relationships doesn't happen.

JANE:

And that then impairs the relationship between parents and their babies?

DILYS:

Yes, yes.

JANE:

How important has psychoanalysis been in informing your practice?

DILYS:

Very much so. First of all, in doing a training that was based on psychoanalysis and psychoanalytic ideas and on the unconscious or knowing what's happening underneath, and, how important early experiences and relationships are, really for the rest of one's life.

JANE:

There are probably not many parenting books that share psychoanalytic theory or psychoanalytic ideas but that is clearly important to you. For example you describe for parents Winnicott's 'maternal preoccupation', the 'good enough mother'; Juliet Hopkins' 'too good mothering'. Why do you think it's helpful for parents to know about these sorts of ideas?

Psychoanalytic ideas are not [only] in academic writing

DILYS:

Because they exist and they really colour what is going on between us but it's not just me that's been doing that. I think that Freud's ideas have actually got into the culture and everybody, in a way, now knows about the Oedipus complex, about slips of the tongue that one makes, you know, what the meaning is. I used to tell government ministers, when I was speaking to them, that they knew less than some of the ordinary public knows, who watch Eastenders or Coronation Street, which actually are about relationships and about the effects that people have on each other and that experiences have. So it's not all in academic writing, it's there for the public.

JANE:

What really comes across in your writings for parents is you're urging to them to really observe their babies; to attend in detail to what's happening in the moment and perhaps crucially, what feelings are being aroused in them too and that sounds very much like the job that we as child psychotherapists need to do. Why is it important for parents to do this as well?

Babies are communicating pre-verbally, just as much as when they learn to speak

DILYS:

Because babies are actually trying to communicate and they're communicating pre-verbally just as much as when they learn to speak and they're letting parents know what they're feeling and you can see it if you look.

JANE:

Whilst there's much for parents to learn, another psychoanalytic idea emerges in your writings for them, which are the value of not knowing and a sense of bearing with difficulty.

DILYS:

Yes it is, and of not having to know better than somebody else. I think that's what's important. There's a lot of competitive parenting. And you don't have to know better than your children.

JANE:

Traditionally it's been mothers for whom early years help has been directed but you have fathers very much in your sights. You emphasize their importance in their relationship with their babies as well as supporting their partners and the benefits babies derive from that triangulation that happens and the impact that has on their emerging sense of self.

It's really important to have the creativeness of two different points of view

DILYS:

Yes, it's really important to have the creative – where there are two parents – the creativeness of having two different points of view – not hostile ones but ones which are different. They don't necessarily have to fit together. Actually being able to stand that there are two different minds there is important. It's also important of course for the parents and babies to be able to have different views on things. And babies, at a certain point near the end of the first year, learn, as Daniel Stern said, that there are other minds out there and the parents need to really accept and respect the baby has another mind and has a different view on things.

JANE:

So that might be difficult for babies growing up in one parent households.

DILYS:

Yes it is. So single parents need to have other family members, friends, colleagues at work or whatever, who can be around for the baby, as well as themselves.

JANE:

The early years can be challenging for both mothers and fathers yet you have pointed to research that indicates that a father of a young baby is often more likely to work longer hours than other men which might be a response to perhaps difficult feelings aroused by the birth of the baby?

DILYS:

Yes, one way that fathers of new babies, sometimes cope, is by having reasons to leave all the emotions at home and go out and do something else.

JANE:

And perhaps that's connected with the value that society places on parenting? That there is a double standard. I think you said in your latest book that on the one hand it's sort of almost 'mystified' and at the other hand it's really not valued as well.

DILYS:

Yes, I think so. So they go to a job where they're respected.

Feeding a baby too much can actually be a fear of separation

JANE:

You've written widely about the most common difficulties experienced by babies: such as feeding and sleep problems; problems with sleeping through the night; crying. In your paper The Powers of Intimacy, you urge clinicians, where there are problems with feeding for example, to address the unmet needs of the parents. Why is it important for clinicians to do that?

DILYS:

Because quite often...there are two kinds of feeding difficulties – one is feeding too much and the other is neglect, and feeding too little – and both of those actually may come from problems in the parents own childhood. Now the feeding too little – actual neglect of babies – often comes from the parent having actually suffered neglect themselves and not feeling they have any resources to give to the baby and they need some support themselves to actually feel looked after and nourished – even by a professional – that they can then pass on to their baby. But strikingly, feeding a baby too much can actually be because of a fear of separation and feeling that saying no, or stopping, or not giving that much more, is neglect of their baby and those parents have often suffered a deprivation – a separation – themselves. A bereavement or a loss of some kind. And actually making the connection themselves often actually helps them to change their behaviour without even having to decide to do so.

JANE:

And those early traumas suffered by parents – the 'ghosts in the nursery' as Selma Freiberg described them, can really impair relationships if parents are not helped by clinicians to make those connections?

Just telling the story sometimes is all that is needed

DILYS:

Yes and just telling the story sometimes is all that's needed. It's striking how little help parents sometimes need to actually change I think.

JANE:

But it's a difficult thing perhaps to approach parents with – if you have a feeling that there might be an early trauma. How do you approach what can be a very difficult subject for parents?

DILYS:

Simply saying, “How was it for you?” and then sometimes, even in the first session, they can feel that they trust you enough to tell you something. Or, that the feeling of trust that they're getting perhaps enables them to start to, sort of, remember consciously what things were like and to be able to tell the story to themselves as well as telling it to the therapist.

Breastfeeding is a very sensual activity and some people feel a bit afraid of it

JANE:

You talk in detail about breastfeeding. It's a subject that still arouses a lot of feelings and controversy. Whilst in most parenting books, the practicalities are the focus, you talk about the complexity of feelings aroused and even perhaps what might be taboo feelings such as sensual pleasures of breastfeeding?

DILYS:

Yes. It is a very sensual activity and some people feel a bit afraid of it and feel they shouldn't be feeling like that. And then there is the opposite of actually feeling they're not sure that they wanted this baby anyway and they're not sure they want it sort of latched on to them. Actually learning how to manage the closeness – the emotional closeness – can then help manage the physical closeness.

JANE:

And you've written about that closeness and the proximity to how close a parent can allow a baby to be when they're feeding and I know that when a baby is being fed at a distance, that often rings an alarm bell and at the same time, a

baby that feels too close to the mother is not able to have its own sense of agency. That can be a problem too can't it?

DILYS:

Yes and as the baby is growing up and is being weaned – actually allowing that separateness. It was John Bowlby who wrote first about the proximity necessary for feeding, for looking after a baby, that leads to love. So you have the baby close and that's what brings the feelings out.

JANE:

So you help parents, in some cases, to be able to bring their babies closer so the connection can be made.

DILYS:

I hope so. I don't often get a referral soon enough because I don't work in the hospital where the first feeding usually happens.

JANE:

So if you had your time again you'd be...

DILYS:

...right there as well. How many places to be...But one of the things that I've hoped to do by setting up the Association for Infant Mental Health is drawing in all the different professions who work with parents at different stages.

JANE:

For many busy clinicians who are under increasing pressure to see as many people as possible, what might be interesting is the value you place on not immersing yourself too much in clinical work at the expense of connecting with the rest of the clinical team. Why is that important?

All the different professions – passing on the ideas is as important as seeing family directly

DILYS:

Because the thoughts that I have about some of the parents, by passing those on to the workers, very often they don't need to refer patients to me. They can actually do the work themselves. And I suppose this would apply to other clinicians working in the context of schools and other places where there is a team of people around. Very much so. That actually passing on the ideas is as important as seeing that family directly.

JANE:

In the 1980s you were involved in negotiating with the government for organised training for child psychotherapists in the National Health Service. Why was that important to you?

DILYS:

What I did was actually helping them to know about child psychotherapy and actually some other colleagues did the actual negotiating. But it was really important because child psychotherapists were working in the NHS but had to find ways of funding themselves to do the training and that was extraordinary and the easy analogy that we made to the government was that doctors didn't have to do that and that medical training was of course funded and established within the NHS.

JANE:

Those funded posts are still going. But there's often a feeling that they're under threat.

DILYS:

Yes, very much so now. All of the cuts in the NHS are endangering child psychotherapy.

JANE:

And endangering childhood therapy, what's going to be the impact for children and families?

Instead of a very serious state of mental difficulty, seeing people early is more effective

DILYS:

There have been television programs about this recently of showing how children in really quite dangerous states of mind are not even able to get onto waiting lists to be seen and not able to be offered treatment which can be very successful. And that starting, instead of the idea that you have to be at a very serious state of mental difficulty, actually seeing people early on is much more effective.

JANE:

So almost 60 years of clinical work, what are the most important things that you would like to pass on to other child psychotherapists, in particular perhaps those who are just starting out?

DILYS:

I think, always thinking about a child as within the family context and never seeing a child for psychotherapy without they themselves or somebody else working with the families. You don't get very far by helping a child to change and not supporting the parent.

JANE:

Thank you very much Dilys, it's been a pleasure speaking with you.

DILYS:

Thank you.