

Topic Explorer for: *'Stories of Psychological Practice from Neonatal Care'*

Exploring the Needs of Others and Your Relationships

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We have written these Topic Explorers to aid deeper reflection, exploration and learning about some of the themes in the book *'Stories of Psychological Practice from Neonatal Care'*. This Topic Explorer should be read alongside the "Read-Along Guide", another of the extra resources accompanying the book. The read-along guide provides some introductory prompts to begin exploring your responses to the stories in the book, and also shares some ideas for practical activities that can support your reflective practice as an individual or as part of a group. This Topic Explorer focuses on themes related to exploring the needs of, and your relationships with, other people. This includes ethical dilemmas, conflict, and differences of opinion; the experience of turning away from others; and the topic of power and marginalization.

Exploring ethical dilemmas, conflict and differences of opinion

One thing that really stands out to us in *'Stories of Psychological Practice from Neonatal Care'* is the range of opinions and perspectives that exist in this setting. There are so many ethical and moral dilemmas that crop up daily for parents and staff caring for babies in hospital. Rarely is there a 'right' or an easy answer. There is often truth and value in seemingly opposite viewpoints. These dilemmas arise when values come into conflict, or when the needs of different people are considered alongside each other. The stories that illustrate this theme most clearly are in chapters 6, 13, 14, 18, 27 and 28. The following questions touch on some of the key themes:

1. Think of a challenging incident that happened recently at work. What different stories were people telling themselves about the same events?
2. How can we respond when there are opposing, but equally valid, views on what matters in a baby or family's care?
3. How do we balance and prioritise the needs of different people (babies, families and staff) when they sometimes feel incompatible?
4. How can we reconcile the values of 'sanctity of life', 'quality of life' and 'avoidance of suffering' if they point in different directions for a baby?
5. How can we respond when parental stress or anxiety is getting in the way of important aspects of baby care (e.g. skin to skin)?



Exploring avoidance and turning away

Neonatal care is an emotionally intense and challenging place to be. Here, we (babies, families and staff alike) experience life-threat, powerlessness, uncertainty and loss. In the face of such existential anxiety, it is normal for us all to feel an urge to turn away, and keep our own vulnerability – and that of others – out of our minds. These patterns of individual and group thinking, feeling and acting serve to protect us from a potentially painful reality. There are examples of parents and professionals turning away, illustrated in chapters 4, 12, 14, 20, 21, 22 and 24 of *'Stories of Psychological Practice from Neonatal Care'*. The following questions might help you to think about how you might be keeping some experiences at arm's length, and at what cost.

Turning away from ourselves

1. What types of thought, feeling, people, or situation might you be avoiding at work? (Hint: you might not be fully aware this is happening).
2. Are there unintended consequences to this avoidance?
3. What is it like to notice and name the things you are avoiding?

Turning away from babies

4. How connected do you feel with the babies you meet at work?
5. What might get in the way of curiosity about babies' experiences?
6. What might help you connect more with the inner worlds of the babies you meet at work?

Turning away from other adults

7. How connected do you feel with the adults around you at work (both parents and colleagues)?
8. What might be getting in the way of authentic connection with others?
9. What would it be like if you could feel more connection with other adults in your work?



Exploring power and marginalisation

One of the most unsettling truths about neonatal care is the continued existence of disparate outcomes and experiences for different groups of babies and families. Stories and statistics alike emphasise the double disadvantage experienced by people from minorities ethnic communities and those facing socioeconomic deprivation: these groups are more likely to experience a neonatal admission and more likely to encounter poor experiences and outcomes during that admission. This issue is discussed directly in Chapter 46 of *'Stories of Psychological Practice from Neonatal Care'*, and also addressed in chapters 43 and 47. Other chapters in the book (in particular chapters 4, 17, 33 and 35) also highlight another facet of disempowerment and marginalisation: how the effects of trauma (ongoing and historical) can disconnect relationships and make it harder for people to access or receive the support they need. We pose the following questions as an invitation to consider how power might be redistributed through the neonatal system, and what actions individuals can take towards fair, equal experiences of neonatal care.

1. How safe does it feel to talk about racism and other forms of discrimination and inequality?
2. What voices are we not hearing and what stops them being heard? What might we imagine these perspectives might share, and what would we do about it?
3. How can we talk about the inclusiveness of our services from a place of curiosity and openness, rather than blame and judgement?
4. In what ways do you see signs of trauma being misconstrued as 'bad behaviour' (for parents and staff)?
5. How do our experiences of hostility from parents or colleagues impact on our ability to be curious about its underlying causes?
6. Some people seem 'hard to help'. What would happen if we shifted our perspective, to recognise that our help might feel hard to access?
7. How do we intrude on the lives of babies and families in neonatal care? How might we redress the balance?

