



Transitions: Becoming Us - Part 1

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPNs aim is to promote and celebrate interdisciplinary collaborative mental health care.

Dr Monica Moore (00:17):

Welcome to Ageing Well, a podcast where we're going to be discussing tips and strategies and challenges of all those transitions that happen in our lives. Today we're going to be talking about bringing children into our lives. I'm Monica Moore. I'm a GP with a special interest in mental health,

Ms Julianne Whyte (00:35):

And I'm Julianne White. I'm a mental health social worker who loves to talk about and reflect on important issues in life and hopefully make a difference.

Dr Monica Moore (00:42):

We've both been there, Jillian, we've both got children. What are your thoughts?

Ms Julianne Whyte (00:46):

I think as parents, this is what we are going to be looking at today. The transitions for the parents, the transitions for the couple individually, collectively. It can really be tricky at times. It's really hard and there's no one way of doing things is there, Monica? Like what's right for me is not right for you. And I think as clinicians, the big gift that we've got to have or the skill we've got to have is that double listening, but that's something you think when you reflect on you're listening to these stories of parents or mothers or fathers coming in, it's that listening deeply to their concerns. What do you think?

Dr Monica Moore (01:25):

Yeah, so it's interesting, isn't it, because it's that difference between when you've had your own children and before you've BC that I would try, the advice was if a parent is concerned because as a GP you're



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bringing a child or you're bringing your concerns even during the pregnancy and hoping for information and treatment and support and that advice about really listen to the parent and hear what they're saying because if they're concerned there's something going on because they've got that intuition. But then they've also got their own stuff going on, their own anxiety, their own history. So how do you separate it all out? And I would call it even more than double listening, I would call it even sort multidimensional listening, where you have to sort of listen to the various layers. If a parent is bringing a child in multiple times and you're kind of going, I'm just not quite sure what's wrong with this child, I think the child's okay, but I'm just not quite sure about this parent and how to support them, how to do that, or even during the pregnancy, because everybody reacts differently to similar situations. We all do that thing about transitions, bringing our own history. And I was thinking you were talking about how transitions fascinate you and what have you noticed about this phase of life both in your personal life and your work?

Ms Julianne Whyte ([02:51](#)):

Look what I found, I was really reflecting on this too, about transitions. When David, my husband and I decided we wanted to have children. I didn't think, oh, I wonder what parent I'll be. I wonder how we'll communicate. Oh, I wonder if our sex life will change. I didn't think anything like that. I just thought, let's have a baby. And we just had an awful lot of fun trying to have fun, and then we were pregnant and that was just like, wow, that was amazing to be so amazingly unwell and sick and my body changed and all this stuff that went on. The first one was just like every week was just such a revelation. Every week was a process of changing and dealing with the changes and understanding my body. And poor old David was sort of in the background going, yeah, okay, okay.

[\(03:32\)](#):

How are his question about how are you today? What's happening? And so it was more about him on the outside, me on the inside trying to include him. We didn't actually plan to go, we want to have a baby. Just said, let's have a baby. We were one of those blessed couples that we fell pregnant very, very quickly and we have a bit of a tribe of kids, but it was when our first arrived, it was just this blissful state of parenthood that I don't think I consciously thought about. I am now a parent. It was then this evolution into the role of a parent. And being a mother, I hadn't thought much about motherhood as such, and what mother would I be? What sort of mother did I want to be? And my perception of my mothering evolved over as I became a mother rather than planning for it. But Monica, what I noticed is that some of the women that come and talk to me is they've been wanting to be mothers for a long time, or they've thought about motherhood a lot for a long time, or they've waited a while before they became mothers, and it was really perhaps a different transition for them.

Dr Monica Moore ([04:42](#)):

It is, isn't it? Because I am thinking about my daughter-in-law now, and how when I go to babysit because I'm a grandmother and how when I go to babysit, she'll say, oh, she's just had a leap, or she's about to enter a leap. And I've been a bit puzzled about this leap language because when I had my kids, there might've been that language around, but I don't remember hearing it. And apparently there's this amazing app which I'll include in the resources later called Wonder Weeks, which is based on a book which describes children's neurological development and the sorts of things that they're doing in their brain. And so how you as a parent or a grandparent can both collaborate and assist and not get in the way and understand their behaviours, which I just think is amazing. And so all these things, and when



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you're saying about Planned Parenthood, I mean you were talking about this blissful motherhood and I'm thinking, I think I had bliss for about all eight hours after my son was born.

[\(05:45\)](#):

And after that I just had sheer terror because even though I'm a GP, I just thought, there are so many things I don't know. He's crying, what do I do now? And yes, I know you can do these things, but he's not stopping. So I did find that whole thing learning on the job, and so it really helped me to relate to all the other people who would come in and they'd go, this is really hard. And I know that radical acceptance that it's not what I wanted. It's not what I expected because our society doesn't prepare us. I mean, sure, there are lots of blogs these days and a lot of evidence around us that parenting can be really hard bringing a child into the world, even if it's a blended family where the children are no longer babies that can communicate with words, it's still really hard.

Ms Julianne Whyte [\(06:36\)](#):

Yeah, look, I remember thinking, I'll have a baby and it won't change my life. I'll be that baby. I'll be one of those really amazing mothers. And David would said, yeah, I'll be the same. We've going to cool parents. And we were very young, so we said, yeah, they'll fit in with our lives. Nothing will change really. Oh god, that was just so unrealistic. Everything changed by about three weeks. It all changed dramatically. I had breast, I had mastitis, I was on antibiotics. It was the middle of winter. It wasn't quite what I expected and I had a child. I don't think any one of my children have slept through the night. Although, and that's another thing we're going to talk about later is that notion of what sleeping through the night means. And I will say this on this podcast, but I have eight children, five boys and three girls, and I stopped going to some of the mother's groups because they go, oh, my baby sleeps through the night.

[\(07:23\)](#):

And I'm thinking, none of mine did. None of mine did. I don't know. I didn't know what a full night's sleep was for about 16 years. And that's what I wanted to say to you about the transitions is that each child we welcomed into our family was a new transition. The mother, a parent of a first and parent of a second, and then the third and all the issues that you had to deal with each new little person that came into your life. So it's not just a single transition parenthood that, okay, first one, you're a parent and then if you're blessed to have more children, you know what to do. Each one is so uniquely different. Sure, you've got some skills that are okay to change, did the technical stuff and some of the responsiveness stuff and you're prepared for it. But they're also uniquely different. They all have different ways of reacting to stimuli, to their own stresses, to the things going on in your own life. And I think our communication or stresses going on in the lives of the parents definitely reflect on the children.

Dr Monica Moore [\(08:23\)](#):

And I was thinking about the communication, I was reading Ellie Taylor's book *Becoming Us*, which is a lovely resource for parents when they first, if you want to prepare and think about all those issues that interfere with our communication and the stresses that occur within the couple relationship, because I think that's something that we all talk about the baby and isn't it lovely to have a baby? But we don't realise she had these five areas. I mean, I know you talked about the sex life, the thing that brought the baby into the world suddenly, whoa, there are these changes. But it was also things like housework. And



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one of the lovely things in that book that I read is when she says if as in that the traditional gender roles that we have, we tend to have that the mother stays at home with the baby and the dad sort of goes out to work if there's this assumption that it doesn't matter if the house is messy, but it matters to her.

[\(09:23\)](#):

It's sort of like this is her workplace. This is where she's spending almost all of her time. I mean, I'm thinking of all those people in lockdown at the moment who don't get a chance to go out. We are recording this when Melbourne is still in lockdown and people who don't get a chance to go out and who are not having those breaks from the constancy of looking after a small being. And it's just so hard. And so maintaining some degree, even just a corner of a space that has some structure in order and calm in the middle of all this chaos can sometimes be so important.

Ms Julianne Whyte [\(09:58\)](#):

It was interesting, Monica, when I had such a busy family life and David and I both were, because what was interesting too, you, I'm a grandmother, so I'm in my sixties, but when my little east were little, so that's going back nearly 40 years, it's even though one generation or two generations back, it was a very different work environment. Like my husband couldn't get any time off work. There wasn't a paternity leave that he could take if he took annual leave, if he was lucky. He couldn't have a flexible workplace, so he had to work his shifts. He was on rotating shifts, so he couldn't be flexible if I needed him to stay home. Whereas I look at my sons who are now fathers and my daughters with their partners, it's a very different world for a lot of the men and women who can have maybe negotiate.

[\(10:51\)](#):

We shouldn't say that, that everybody can because a lot, but there's more opportunities to have flexible workplaces so that there's an opportunity to have more shared roles. And I just know that back then in the eighties, there was an expectation that my husband went out to work and I did stay home and care for the children. And it was expected that that was my job, the housework. And I remember being really, really just not coping some days at all with the amount of demands that you would just get a job done and then the baby would cry or something would happen or the phone would ring or you had to do something. And I became quite, and I don't want to use this word disrespectfully, but a little bit obsessive around my kitchen bench. And if I had this beautiful green Lamin X bright, lovely, shiny, lax bench and for me if I got that clear, completely clear before lunch and then again before tea, I had a successful day and I broke my days down into these manageable units, if I got the washing on the line, yes, that was a good day.

[\(11:59\)](#):

It was a little bit of a high five moment. I don't think we did high fives back then, but if I did, I would've done a high five and then my bench was clean, and then if my glasses were in lines like nice and neat in the cupboard, you open up to get a glass out when your friend dropped in, the glasses were in, they looked tidy. Everything else could be a decent ray. Everything else was messy, nappies everywhere and stuff. This was before you could buy all these disposable nappies of cloth nappies and Huggies and all that.

Dr Monica Moore [\(12:25\)](#):

Have you said that my son and his partner are using cloth nappies and so they are doing that whole rigmarole with the cloth nappies? Yeah, they're very environmentally aware. And I'm also thinking, I'm



thinking about what we know now about the brain development of babies and how important it is for fathers to be involved because not only does it help the fathers, you were talking about a study where they produce more oxytocin in their brains, the fathers, and it does all sorts of good things for their mental health and for their physical health. And apparently it does it for grandfathers as well, that grandfathers who are involved with their grandchildren have less incidents of dementia, and it appears to be related to the playing with the grandchildren, not the other way around, that if they're dementia, they can't play. But even during lockdown, as part of the pandemic, coincidentally, my son got to spend more time with his little girl.

[\(13:26\)](#):

And so I'm sure that that's made a benefit for all three of them. There's that lovely book by Sue Gerhardt, why Love Matters, and she goes into great detail about all that brain development and the cortisol levels and how it affects the development of the brain and how if the baby is left to cry, it increases cortisol and causes brain changes that affect us throughout our lives. And I just think knowing all of that now and all that knowledge that we didn't have at the time, how in some ways it's both more scary because I mean, I can imagine myself, I'm sort of the sort of person who will then kind of get anxious, oh my God, is my baby crying too much? Am I doing enough for the baby? And sometimes we have to refer to that good enough parenting thing where you can get it wrong two thirds of the time and your kid will still be okay, can misunderstand what the baby's trying to tell you and hear those increasing cries of frustration so long as you are trying and you get it right a third of the time, it appears to be that the baby's attachment, their sense of safety in the world and their ability to relate to other human beings will be okay.

[\(14:44\)](#):

But isn't it sort of, I can just remember the fatigue and how when I get fatigued, I just get so irritable and you were getting obsessive about the kitchen bench. I got really obsessive about the amount of water in the nappy bucket because if you had too much, it wouldn't kill all the germs, and if you didn't have enough, he'd get arr. And it became truly an obsession, which we still laugh about, but you know what I mean, and just recognising that it's just like an overflow of anxiety about am I doing the right thing and is my baby? And helps us to recognise that the more support we seek, the more support we accept, the better it is for ourselves and for our families and for everyone else.

Ms Julianne Whyte [\(15:31\)](#):

But it's hard. Sometimes it's hard. And that's a big thing, Monica, isn't it? It's not a sign of failure that perhaps we don't settle our babies or that we don't get it right or we are not responding to our partners or our other family members' needs. I think there's this perception of the polarities, you're either a good parent or a bad parent in that middle space where I love where you say that if you do the best with the right intention and for that other little person get it right 30% of the time is still a good whack of the time, isn't it? That we are getting it right for them. We're responding to the right cry, we are responding to the right need, we're putting the right emotional cues out there for whoever's involved, the child themselves or our partner. I think there's this wonderful resilience in the human psyche that allows for if things are done with the right intention that there's that forgiveness or that resilience that's around that repair. Yeah, we can always repair.

Host [\(16:35\)](#):



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We'd appreciate it if you would take a few moments to tell us what you think about this episode, simply follow the link in the show notes.

Dr Monica Moore ([16:42](#)):

Yeah, and I do, I remember sort of losing it when my kids were toddlers and just yelling at them and just the startle and me as well as them, and then being able to repair it, being able to apologise and they say they can't remember, which is a good thing. Okay, I have it vividly imprinted sort of the times when it happened and we are all human, but it's one of those things and you watch your own children doing it and you think, wow, gee, they do it.

Ms Julianne Whyte ([17:16](#)):

Can I tell you one night, I remember one night my poor darling husband had to do some night shift. He was worked in it, but he did a night shift for quite a period of time, and I thought I was going to go crazy. I had these children that weren't sleeping, so I had three, and my oldest was sitting on the potty, so he was being potty trained. This is two o'clock in the morning. I had these horrible hours between two o'clock and four o'clock where my children just thought it was time that mum really enjoyed their company. And so we'd do this sitting on the counter had the oldest one on the potty, the little one sitting next to me with a storybook and the other one on the breast thinking. And I remember sitting there going, look, I think I'm going to die right now. And that image is imprinted on my brain as a severely traumatic event that I thought this is going to be me for the rest of my life.

([18:10](#)):

And then that time's now gone and I'm now here sitting back as a grandmother. I've got nine or 10, actually 10 grandchildren. And it's just looking back and now thinking, oh my goodness, that memory is still so vivid in my mind of that sense of I think it was helplessness or uncertainty, will this ever end? And like you said, the fatigue. And just another funny thing, when my oldest daughter had her first baby, she rang me up one night and she said, do you know, mom, do you know sleeplessness is akin to water torture and they do this to prisoners and this is torture and why aren't you here to help me? I said, darling, I can't be, I'm working. I can't be there today. And she lived like a couple of hours away. She just said, Mum, it's torture. I'm going to die. This is not sustainable.

([18:57](#)):

And it is I think that sense of, I think that's what brings us down. So taking the humour out of it, because at the time it's really, really, really stressful. And for any of mums or dads listening to us talking, I don't want to minimise. And I don't think either of us want to minimise any of that uncertainty or that overwhelmed feeling that we might have at two in the morning when you just think, oh my God, I've just got to get some sleep. And the prayer and the hopes that you're actually not going to damage the emotional development of these little people. And thank God my children have no memory of that event.

Dr Monica Moore ([19:29](#)):

Oh, no, that's right. That's exactly right. It's really quite funny, isn't it? How forgiving they are. And look, I, I was lucky. I think sometimes we try and seek help and we go to the wrong place and people rather than being supportive are critical. And look, we're humans. Sometimes we say things that we don't realise how damaging they can be. And so I was very lucky in my mother's group that I joined that when



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my son would wake up every half hour, every hour and a half every night as he did from the age of four months until one year old, and we couldn't work out what was wrong with the poor kid. He thrived during the day, wasn't too bad, but at night he would just wake up and just that huge fatigue. But I went to a group where people said, yeah, sometimes they don't sleep for a while. It's just their brain isn't ready yet or something's happening. And so long as he's healthy and growing and doing all the right things in other ways, how can you get support? How can you get some sleep in the power of naps? They talk about nana naps, but no, it's like get some sleep when your baby's sleeping. That's actually even, you don't have to actually fall asleep, just close your eyes and listen to some music or some waves or ,

Ms Julianne Whyte ([20:53](#)):

Monica, that's one of the most important points that you've just made then. And about the whole thing we've had when you're trying to get a nap and the baby's down or the young person's down and you think, oh no, I've got too many jobs to do. I've got to clean up now. So that when they're awake, we've actually got some order just shutting the eyes a little in a bit of a mindfulness moment where you just might have 10 minutes of gentle breathing and some mindfulness because what it is, and I really love you, put me onto a resource the other day about sleep. And I have been doing a bit of listening on my audible books, but thinking that it's about brain restoration. If we change the thing from sleep to brain restoration, what is the purpose of sleep? But to restore the brain. So sleep is not so that we can just lie in bed and put our head on a pillow and have pretty sheets and be really pretty in a nice bedroom, but to restore the brain so you can do it in 10 minutes, a little bit of restoration if you do some mindfulness, do some breathing, gather your thoughts and intentionally nap or restore your brain. I really love that as a concept rather than thinking, oh no, I can't have a sleep, but I can restore my brain for a moment.

Dr Monica Moore ([21:57](#)):

That's right. And you can do, and it's about sort of really allowing yourself to just close your eyes and just let your brain kind of drift a bit and how to help to do that. I mean, you did have eight kids, and I remember we only had two, but I decided to take time off when my son was born until he was a bit older. And so I didn't go back to work. And many people, we had a little bit of conflict about our finances. And I think that that's, again, something that comes up between couples and communication is key, sort of recognising that it's two people against the problem. But do you see that in your work? I mean, is that something, or in your life, I mean, is something that you kind of are aware of?

Ms Julianne Whyte ([22:48](#)):

Oh, most definitely. And that personal professional that the similarities when you're often sitting with a client or with a family a couple and thinking that you've got some close affinity with their story. But well, David and I had quite a bit of, we really had to budget quite tightly, and I was a nurse back then, so prior to 2000 I was nursing, so I did night shift five days a fortnight when my children were one. So I waited. I was home with them until they were one, and then went back to casual work for about 12 years in between each child. And it was really stressful. It was really hard, but we had to make ends meet. And it was stressful because there were competing demands about what we prioritise for spending our money, how we spent it, how did we save it was really hard to save.

([23:34](#)):

And I'm hearing this now with a lot of my clients and moms and dads, actually, it's been really interesting. I had a couple the other day where both parents have chosen to do work, so the parenting



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has been shared. They do a week across the fortnight each. And I thought that really reflected on that and thought what a really mature way. If you can afford to do it and your workplace allows for it, that's probably a lovely way of the child getting the best of both parents. And you talked about covid before. One of my daughters has just recently had a baby in the middle of a lockdown area in Melbourne. So middle of Covid had her first baby, but her husband is, he had his two weeks paternity leave, but now he's working from home. So sure he's in his office working from home, but she's got the confidence of knowing that he's around, which is really delightful. Having that constant, the sharing of the roles and sharing of the finances.

Dr Monica Moore ([24:32](#)):

Do you think that'll continue? Do you think that's going? You know how I was talking about the role of fathers and how I think certainly for my granddaughter and for my son and his wife, the fact that, I mean, I'm not wishing that the pandemic was saying it's a good thing, but I'm just saying that for them it seemed to work out really well and he was able to work from home. So their financial situation, I'm guessing, sort of stayed fairly stable. And I'm thinking that, but there is Annabelle Krabs, the Wife Drought, that book that she wrote, which is where men don't get a chance to be involved in their children's lives simply because of the financial imperative and because workplaces don't allow them to, there is the expectation that they're not going to work part-time that they're going to front up and they're going to be a man is to be at work and to stay late and go in early. And I think, I wonder whether the opportunity to work from home, the opportunity to be flexible in that way, whether that's one of the positive effects of the pandemic. I mean, do you think it'll last? Gee, I hope so. I really do.

Ms Julianne Whyte ([25:38](#)):

Look, I agree with, I think there will be some industries where that is possible, but the trades and very hands-on skills aren't probably going to be as transferable into the home. But I think for those that can, there'll be a bit more flexibility. One thing that I notice and I talk a lot with couples about is the massive transition that's happened in just a very short period of time between expectations of fathers expectations of mothers. It was the expectation when I was having children, and I'm assuming with yourself as well, that we stayed at home if men stayed at home. I had a girlfriend who went back to work because her husband, she earned three times what he earned. So six weeks after they had the baby, she expressed her husband stayed home, but he was the only dad at the parents group. He was the only dad that turned up at preschool to drop when they had an older child as well.

([26:25](#)):

But he was the only dad that it was a stay at home dad in our community. And he was a real oddity. And he was saying to me the struggle he had when the mothers who were friends of his from playgroup and mothers groups would come around, his wife got very jealous, and he felt it was really uncomfortable to have women drop in to see him because the blokes that he know were working. And so the people that weren't working that had children to have play dates with his kids were women. And he really had to negotiate that space. And he found it really, really challenging. And they often came to me to talk about how can we have open respectful communication about if this girl comes around every single day to have a play date with the kids, well, is she really visiting for the kids or is she visiting you? So there was a sense of it's not quite the same for men and women.

Dr Monica Moore ([27:17](#)):



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Yeah, isn't that interesting? That sort of tension that occurs and it occurs in heterosexual relationships, but it's interesting. I wonder when we think about that, what that says about us and how do we negotiate that it really is about communication. It really is about that thing. When I'm thinking about what you're saying about, it's still a gendered society, but then we also have these changes that some men are sort of doing that. I mean, I remember my husband, he would take Thursdays off and I would work on Thursdays. And so he would have the kids on Thursdays, and he didn't take them to playgroup, but he did take them to various other activities. And it's not something we discussed about whether he would have people come over. But yeah, I'm wondering what my reaction would've been. Interesting. I have to think about that. But I was thinking the other thing that's really different that we haven't talked about yet is the effect of technology. How technology has affected the pluses and minuses of technology now that we are bringing children into the world.

[\(28:36\)](#):

And one of the things that I was thinking, have you seen that the still face experiment? There's a little YouTube clip, it's about nearly three minutes by a guy called Edward Tronick who did these still face experiments where he gets a little baby and gets the mum to play with the baby. The baby's about 12 months old, and then the mother just makes her face really still like no expression and just kind of stares at the baby. And the kid gets really distressed, and he talks about why it is that this happens. And I was thinking about, there are so many parents that I see, I catch a lot of public transport who are looking at their mobile phones or just sort of staring off into space, but mainly looking at their mobile phones and the kids trying to communicate with them or to engage them or have that connection with them and they're not doing it. And I just wonder how much of that is having an impact on their brain development and then the kids, given the technology and what that does to their brain, what are your thoughts?

Ms Julianne Whyte [\(29:43\)](#):

Look, yeah, absolutely. And I'm really interested in that experiment that you talked about. The still face. It comes to mind, and this is, so I mentioned to you the other day, if I had realised if I'd known about mirror neurons, these little extensions on the end of the optic nerve that respond to movement of facial expression, that in those early days when those beautiful little babies got those very, very deep, dark eyes and just gaze up at you above about two or three weeks as they start to focus and you know that they're actually looking at you and they're turning to you, and then you gaze deeply in their eyes that then make expressions and use the tone of voice, oh, you are beautiful. We use a particular tone of voice that children can tune into. These mirror neurons are engaged when we make expressions and move and change, which teaches them that combination of speech and responsiveness and facial expressions.

[\(30:35\)](#):

So they see smile and gentleness with a soft, gentle voice sometimes, hopefully. So they're learning my need is being met in this voice and touch. So they're learning empathy, they're learning how to respond to facial cues through the activation of the mirror neurons, which happens in these really early days when they do the deep gazing. So what I was reading was that these babies will hold gaze, and then you know how you notice that after about 30 seconds, they move their face away, and it's almost like those mirror neurons a bit overloaded. It's a bit like the ram on my computer that just shut down the other day. It was a bit overloaded. It was a critical moment too. And then it comes back on again. So the mirror neurons are activated. They take in all this sensory data and input, and then the babies look away and then they come back again and gaze, I wish I'd known when I was raising my children.



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[\(31:26\)](#):

So that those moments, yes, I would've, we didn't have the phones back then, but perhaps I would have given more emphasis, given more notice, gazed more deeply, did more educative parenting, more purposeful parenting, mothering then. And maybe even as myself and my husband then gone, given him some cues as to how he could actually influence that developmental stage or brain developmental stage for children. So that then does put a challenge in about technology. Does the flat screen, that's not two D or three D, it's a single dimension. Does that still stimulate those learning pathways in the brain?

Dr Monica Moore [\(32:05\)](#):

We don't know. Yeah, there's so much that we're going to be learning, simply learning on the job, isn't it? It's kind of like the whole idea about bringing children. We are learning on the job. And when we were thinking about this podcast and the sorts of things that we're talking about, and that whole thing about saying, this guy called Bruce Feiler who has written a book recently called Transitions Life is in the Transitions, and he says that we are constantly evolving. We are saying goodbye to the old, and then there's this sort of messy middle where we are doing things, and then we get into that stage of creating something new. And so it's constantly evolving when we have children in our lives constantly changing. We are constantly having to transition from one sort of stage to the other. And next time we're going to be talking about the sorts of things that we personally, but also as clinicians have done to help people with all those emotions that come up because it's so important to recognise that and to accept that it's hard, it's really difficult.

[\(33:08\)](#):

And we get all the emotions, we get grief, we get fear, we get sadness, we get shame that we're not doing it right. We have all these sorts of things that we dunno what to do with and what are the sorts of things that we can do to help us to do that. And I'm really looking forward to chatting to you about all the things that you found helpful, and maybe we know what you use in your clinical work and maybe some tricky situations that you and I have dealt with that might be really helpful for people. So we really hope that you've enjoyed this episode of Ageing Well. And next time, we are going to be talking about our professional and also our personal experience of the sorts of things that we found helpful about bringing children into our lives. And I really wanted to thank the team in the Mental Health Professionals Network for their vision, for their support in making mental health knowledge so widely available, both through the webinars and the podcast, and of course the groups that support us. If you have any comments, are there any topics that you'd like us to discuss in our podcast? We'd love to hear from you. There are the usual things like LinkedIn and Twitter and Facebook, and if you want to, you can comment on the website. If you go to the podcast, you'll see where there's the area for resources underneath the podcast listing that you can fill in a survey. So we'd love to hear from you. So it's goodbye from me, Monica Moore, I'm a GP.

Ms Julianne Whyte [\(34:31\)](#):

And goodbye from me, Julianne Whyte, a social worker. Thank you.

Host [\(34:35\)](#):

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