



## Transcript for “*Listening In*” and “*Not Knowing*”

**Dr. Dipesh Navsaria:** [00:00:00] Reach Out and Read, where books build better brains. This is the Reach Out and Read podcast. I'm your host Dr. Dipesh Navsaria, a practicing pediatrician with degrees in public health and children's librarianship. I'm a clinical professor of human development and family studies at the School of Human Ecology, and a professor of pediatrics at the School of Medicine and Public Health, both at the University of Wisconsin in Madison. At Reach Out and Read, we dream of a world in which every child is read to every day. Our show explores how children and families flourish and thrive through a combination of individual well-being, confident parents, supportive communities, strong public health, and good policy. Join us here for thought-provoking conversations on these issues with expert guests, authors, and leaders in the field of early childhood health and literacy. Research shows that reading physical books together brings the strongest benefits to children. That's why we're happy to have Boise Paper, a responsible paper manufacturer, as the founding sponsor of this podcast through their paper with Purpose Promise. Boise Paper looks for ways to make a difference in local communities. Thank you to Boise Paper for investing in our Reach Out and Read community. Many of us find comfort in knowing things. It gives us a sense of control, order, and safety. But sometimes approaching relationships from the perspective of not knowing can make those relationships stronger. Today, we're talking about how incorporating humility, listening, and a willingness to be surprised can help support early relational health. Our guest today is Doctor Claudia Gold. She's a pediatrician and writer who has practiced for over 20 years. She's the author of several books on early relational health, including *The Silence Child* and *The Power of Discord* with co-author Medtronic. She joins us today to talk about her latest book, *Getting to Know You: Lessons in Early Relational Health From Infants and Caregivers*. Claudia, welcome to the show.

**Dr. Claudia Gold:** [00:02:02] Thank you for having me.

**Dr. Dipesh Navsaria:** [00:02:04] So let's start off with why you chose to write this book. And who is it aimed for, really? Who's the audience?

**Dr. Claudia Gold:** [00:02:15] Well, I really wanted to put together a variety of very powerful experiences that I've been privileged to have over my 30 plus year career as a pediatrician into one place in a form that would be useful for people who are on the front lines with

infants and caregivers. So as a pediatrician, my primary loyalty is to my pediatrician colleagues. But over the course of my career, I've had the opportunity to work with a broad variety of disciplines, including early childhood education, nursing, doulas, home visitors. So I really wanted to reach a broad audience with a relatively simple and useful message that was founded in really decades of contemporary developmental science.

**Dr. Dipesh Navsaria:** [00:03:16] And as one of those pediatrician colleagues, I do deeply appreciate your loyalties, but also about the messaging to all the other folks who work with and around children and families. You mentioned where your subtitle is Lessons in Early Relational Health From Infants and Caregivers. And you talk a little bit early in the book about using the word from and not for. Can you say a bit more about that?

**Dr. Claudia Gold:** [00:03:48] Well, way back when I was a resident, and I would have very, very powerful interactions with families dealing with very serious situations with their children, I turned to writing and storytelling as a way to process the intensity of the affective experience. And so I've continued to find that storytelling, both listening deeply to the stories that people tell me and then writing those stories, obviously with privacy and confidentiality in mind as a very, very powerful tool for communicating some rather complex ideas. So I feel like the teachers are really the families they've taught me by giving me the privilege of entering into their lives. And so that's where the *from* rather than *for* comes from. And you'll also find that I am not of the advice-giving background. You know, I feel that pediatricians are generally taught to tell people what to do. And I find that that is often not helpful for people. So they tell me what to do when I take the time to listen from this not knowing stance.

**Dr. Dipesh Navsaria:** [00:05:23] Yeah. You know, I noticed that how much in the book you push against what? Yeah. You and I have both experienced in training and just the milieu about the I think you term it the expert stance. Right? And we are coming onto you and delivering all this bountiful information that you're supposed to take in and assimilate. And we never ask for the reverse loop on that. And certainly we're not listening carefully when we do that.

**Dr. Claudia Gold:** [00:05:56] Right.

**Dr. Dipesh Navsaria:** [00:05:57] Yeah. Speaking of listening, you mention in the book, a phrase, listening in. Can you explain to our listeners what you mean by that and maybe give us an example?

**Dr. Claudia Gold:** [00:06:08] Sure. Well, I had the good fortune to work many years ago with somebody who consults on messaging. And she suggested that term as kind of a spin on leaning in.

**Dr. Dipesh Navsaria:** [00:06:21] Mhm.

**Dr. Claudia Gold:** [00:06:22] And so that's where it originally came from. So but what it really means because listening we all talk about you know, listening is important and we all would agree with that. But it's far from simple what that is. So the qualities of listening in are really three. One is being willing to be messy and make mistakes and to misunderstand people and not feel you always have to know exactly what they're communicating on the first go around. Sure. And the the second is to allow or space for the unexpected to happen. So referring to what you were just talking about were kind of taught to take to ask questions. Take a history of any particular problem. But when we kind of let that go and let ourselves sort of be uncomfortable and not know what's happening, then unexpected things arise. So listening in also creates that kind of space for the unexpected. And then I guess the third one is kind of similar to the first one, which is to be messy and to make mistakes as you try to find your way into another person's experience.

**Dr. Dipesh Navsaria:** [00:07:40] Yeah. And it strikes me that so much of what we try to train clinicians in Reach Out and Read is about careful listening to families about their daily lives with their children and the experiences they're having and at least trying to do shared reading, if not successfully accomplishing it initially. But I'll also note that in one of your anecdotes, there was a brief mention of what sounded like half a Reach Out and Read, you know, about advice about reading together. And I remember reading that and saying, yes, I agree, Reach Out and Read should not be about just saying here, I want to tell you to read books and why it's important and then move on. It should really be about what you just described, this listening in experience.

**Dr. Claudia Gold:** [00:08:30] Yes, exactly. I think it's a mom who says I'll read to her when she's ready. It kind of pushes back a little bit. So I mean, I think I told Jill that I'm a long standing fan of Reach Out and Read from way back when I was a fellow with Rob Needleman when he originally developed the idea, and I think that I haven't spoken with him in a long time, but I think he would agree with what you said, which is that really it's a kind of a space, a platform from which to enter into the experience of a family, not a you should read, you know, two books a day to your child kind of model. So, I think the Reach Out and Read model and my model have a lot in common.

**Dr. Dipesh Navsaria:** [00:09:18] Indeed, I think they mesh beautifully. We alluded to this in the introduction, and it's one of the most intriguing sentences or phrases. Rather, in your book, you suggest that we start in a place of humility and not knowing that almost a place of deficit when learning about early relational health. This sounds almost zen. What? Explain to us about not knowing.

**Dr. Claudia Gold:** [00:09:46] Okay, so I've been in my talks referring to jazz metaphors. My husband is a jazz musician, and, you know, when you and I'm not. But I live in the environment of improvisational jazz. And I think there is a knowledge that we have a really a strong foundational knowledge. And a lot of that is in the book, the research of decades of attachment theory. Steve Porges work, Bruce Perry, a lot of really very important researchers, Medtronic, that inform how we think about relationships. But then when we are in a moment of interaction with a family, to sort of paraphrase Charlie Parker, who said it in a little bit of a more colorful way. Forget it all and just play. So there's a little bit of a paradox in this idea of not knowing, because we do hold a lot of really important knowledge and expertise, and I don't mean to minimize that, but if you think about either a family who's just in for a well-child visit or a family who's sort of suffering in the kind of ordinary ways that families suffer, especially in the, you know, tremendous amount of pressure that families are under in our world today, the most valuable thing is to have a moment where that person feels that you really see and understand them.

**Dr. Claudia Gold:** [00:11:34] And I talk about that as a moment of meeting. And the way you get there is by starting, not with any sense of competence like I understand people in X category, but rather I don't know who you are as an individual representative of X category. So that's where the cultural humility and the not knowing come in and inform this idea of listening in and a way of listening from a not knowing stance.

**Dr. Dipesh Navsaria:** [00:12:12] Yeah, yeah, that makes sense. It also, I feel like there's so many intersections here also with the whole idea of how one builds trust between two people and the bidirectional aspects there. That trust is not simply something you get because you occupy X or Y position. Maybe initially, superficially sure, but it's maintained and strengthened when you're able to have that connection and the back and forth engagement, and seeing that the other person does seem to have your best interests at heart and wants to listen to what you're saying and doing and thinking as well.

**Dr. Claudia Gold:** [00:12:51] Exactly. And I think trust particularly is strengthened when you go through a kind of glitch of misunderstanding, when I always feel that if a family can say to me, no, that's not really what happened, that I've done a good job because they trust me enough that I will not shut them down, and that I will let them say, well, that's not been my experience. And then we can kind of work it through and make sense of each other's experience in a more meaningful way.

**Dr. Dipesh Navsaria:** [00:13:26] We just finished our summer teaching of our physician assistant students in basic history and physical exam, and I'm always reminded of how we teach them to ask the patient, you know, let me repeat back what I heard. Please tell me if I

got anything wrong. That that invitation to correct is also trust engendering in so many ways. And then they go out on clinical rotations and forget it all unfortunately. But well, bit by bit.

**Dr. Claudia Gold:** [00:13:59] Yeah. Exactly. It's a process. It's a developmental process indeed.

**Dr. Dipesh Navsaria:** [00:14:04] So thinking about young children and infants, in particular, you talk a lot about the science and research in your book. You wrote that there's extensive evidence of the brain's neuroplasticity or ability to change and rewire in different emotional and relational contexts. And then also that a child's brain develops in relationship with other people, not simply on its own. Can you talk about the high points of what we know in that research that backs up that statement because I think a lot of the general public still thinks that development just sort of is on this autopilot and doesn't recognize that context of other people is being so critical for it.

**Dr. Claudia Gold:** [00:14:50] Yeah. Which is kind of amazing to me. We live in our nice sort of bubble of understanding that that's not the common understanding of development. And I think here, one of my favorite phrases, which I learned many years ago, is the idea of caregivers as neuro architects. And here I think the work of Jack Cove and the center on the developing child at Harvard has really been foundational in communicating how the actual neural connections that are developed and pruned and cut away, you know, the ones that are necessary grow. And the ones that we don't need are pruned away, that process is an interactive process with another human being. It's not something. And of course, we have, you know, very difficult to look at, but extensive research of babies who have grown up in extremely deprived environments where literally their brain does not grow. So we have a lot of evidence, you know, from the orphanage studies, from going back to René Spitzer's studies of institutionalized children that the brain literally doesn't grow if it is not in an interactive environment with other humans.

**Dr. Dipesh Navsaria:** [00:16:21] Yeah, it's interesting because families are bombarded with, I was going to say messaging, but frankly, let's just call it advertising. That implies that this magical item, whether it's a video or an app or a particular toy, is responsible for development. When the reality is, particularly with the youngest children, it isn't. It's people. One of my colleagues at University of Michigan, Tiffany Munster, once had a great answer when asked by a reporter what the best toys for young kids was, and she just looked at them and said, parents are the best toys.

**Dr. Claudia Gold:** [00:17:02] Yes, exactly. But I want to just say whenever we get into this territory, because people have different feelings about emphasis on the importance of parents and brain development. And I do reference in the book, this study that ZERO TO THREE did, where many parents are actually quite alarmed by that idea. Yeah. You know,

because anytime we've really delved into the microscopic interactive process between an infant and a caregiver and highlight how connected babies are. Inevitably, it brings up feelings of guilt, feelings that maybe carriers are being blamed for what they didn't offer to their children. It even can bring up some very deep feelings about what they, as children, didn't receive. So I think it's yes, parents. As neuro architects, I do think it is a great idea, but I also then have to pair that with the idea that you will get it wrong and you will not be there for your child, and you will be distracted and you will have stresses in your life. But the idea is that you come back and you repair the mismatches, and that it's not set in stone, which is related to your original question about neuroplasticity. So that because what I don't want parents to feel is, oh my goodness, my baby was in the NICU and I didn't hold them for the first two weeks. So they're ruined for life. And I'm a terrible parent, which is often how people hear this information because of that sort of natural sense of guilt that comes with being a parent. So I like to be very intentional about how there's ample opportunity for repair and regrowth and reconnection, even if things, you know, got off to a wobbly start or are wobbly along the way.

**Dr. Dipesh Navsaria:** [00:18:59] Yeah, I love your use of the word alarmed, because that is the way that some parents or others are hearing this and I've even had some conversations after talks I've given along these lines where parents have come up and even said, well, my child cried the other day and it took me like 30s to get to them and have I scarred them. And it's just like, oh my goodness no. Like, no, that's not the message, you know. And I think there's also this fear sometimes of when parents hear messaging that says things like, you know, you are an architect for your child, your child's first best teacher and first and best teacher that they say I'm not up to that job, especially if they struggled themselves in school feeling like they're already condemning their child to, you know, struggling in school from the earliest days, which is so clearly not true. But it's something that people can come away with, unfortunately.

**Dr. Claudia Gold:** [00:20:09] Yeah. Well, that's why there's a whole sort of public policy side to the book and what we're talking about, which is that parents need to be held using Winnicott's wonderful term in proportion to their role in facilitating the healthy development of the next generation and we, at least in the United States, are not doing a very good job at that. And there is a parent is perfectly legitimate in saying, I don't know if I'm up for that. If we don't offer a containing holding environment for that caregiver, which, you know, not to get too political here, but also includes addressing things like not being able to get diapers, which can be a very, you know, shaming, humiliating experience for a caregiver and all of that, the social political context in which parents are raising their children, is directly relevant to promoting early relational health.

**Dr. Dipesh Navsaria:** [00:21:16] 100%. Could not agree more. I want to come back to something we've touched on several times in this conversation, and I would like to dig into just a bit more, which is about this notion of rupture and repair. And in your prior book that you co-authored with Medtronic, *The Power of Discord*, you really dig into this, and you said the truth is that human interactions are messy, complicated, and confusing. And not only is and that is not only okay, it is actually crucial to our social and emotional development. And I think this is something that's been very powerful to be able to share with others. I've found personally and explain, and it touches on some of these things we've just talked about parent feelings of inadequacy or not getting everything right. And also, I think, helps us set expectations. Can you talk more about rupture and repair?

**Dr. Claudia Gold:** [00:22:19] Sure. Well, so my collaboration with Doctor Charnock has been one of the greatest gifts of my professional life. But before I met Doctor Tronic, I was very much influenced by the pediatrician turned psychoanalyst Winnicott, D.W. Winnicott, who in my view, is kind of like the precursor to doctor X research, where he talked about this term, the good enough mother. So I'll talk about it sort of in psychological terms, and then we'll talk about it more in terms of tronic discusses because often people misunderstand that term, like it's okay if I don't exactly follow, for example, the guidelines of the AAP and I do my own thing. So that is not what the good enough mother means. What it means is that into those moments where the caregiver gets it wrong, or doesn't really quite meet the needs of the baby, that is the open space into which that baby develops. So the mismatches, the inevitable, because you're two human beings with your own mind, in your own brain, it is inevitable that you will not quite get each other. Yeah. And into that open space between two people of which the infant caregiver is the prototype relationship. That's where the person's sense of themselves, a sense of self-efficacy, a sense of agency. That's the space into which that grows. So it's not only okay, it's essential.

**Dr. Claudia Gold:** [00:23:56] So that's Winnicott. And then here comes Ed Tronic, essentially a experimental psychologist who asks this question. You know, we have this expectation that there's this lovely dance of attunement, and the caregiver is always in the lead. But that's not really what I'm seeing. So I'm going to set up an experiment to see if that's in fact true. And that's the still face experiment where, sure enough, you know, as young as four months, a baby who has no language and really not even any thought, you know, conscious cortical thinking when their parent has that moment where they're not engaged, is able to, like, pull out this whole bag of tricks and say, hey, mom, look at me. And what that really shows, even though sometimes when people first see the still face experiment, they find it troubling. Yeah, it's really very hopeful. And it shows that this is the typical experience of a baby is that in microscopic moments, their caregiver is not available to them. And as they go through moment by moment where they disconnect and reconnect. It actually helps them grow a bodily sense of themselves and a sense of agency. Like I can get through a difficult moment

to the other side. And really, the foundation of hope lies in those moments of disconnection and reconnection.

**Dr. Dipesh Navsaria:** [00:25:40] Yeah. It is this idea of having there be these spaces that babies grow into. If you give them some space, not so much space like oh my goodness. Now this child is not being fed you know is getting no attention ever. Right. But just enough that they can learn patience, learn to self soothe, all those things. And I like this idea of emphasizing that it's not saying, well, you're giving up and just saying, well, the reality is you can't be a perfect parent, which is true. But have to say no, this is actually important. And we've talked about this with older kids, the young adults who don't know how to adult because they've never had the opportunity to. And they're showing up in college and it's like, okay, do you know how to get a prescription filled? No. You don't. Okay, let me explain that to you. And so on. But this is true of infants as well.

**Dr. Claudia Gold:** [00:26:43] Yeah. And I think it's good to emphasize the developmental nature because, you know, if you're two weeks old, it's a few seconds, a minute at most that you're left kind of on your own. Whereas if you're 15, you know, you have a day of struggling with not knowing how to do something. So the mismatch, the length of the mismatch, literally is proportional developmentally. And so it needs to be within the capacity of the person, the child to tolerate the separation. And if it's beyond that and then we deal with issues of dysregulation, disorganization that interfere with learning that we, you know, as pediatricians grapple with when the time to repair is beyond the baby's capacity to manage it.

**Dr. Dipesh Navsaria:** [00:27:41] Now there's a concept that you discussed about a parent or caregiver's reaction to a child's behavior. And you used this phrase holding a child's mind in mind or parental reflective functioning. Can you say more about what that means?

**Dr. Claudia Gold:** [00:28:02] Oh, I so love that you asked this question, but here we are at the very end, because actually, that idea was the transformative moment of my professional life. When I learned about the work of Peter Nagy, Hungarian psychoanalyst and Arietta Slade, and it all really grew out of attachment theory. So when this idea, which is termed holding a child's mind in mind, what it means is that this research has shown that a child's capacity for emotional regulation, social competence, cognitive flexibility emerges when their caregiver holds their mind in mind that is, realizes that their baby, even from a very young age, has their own motivations and intentions. And so what I would find as a pediatrician is people would come in and say, tell me what to do about X. And I would, in my typical behavioral pediatrics way, say, well, there's sticker charts and there's reward and, you know, various behavioral interventions when really what I came to understand is for a variety of reasons, often that parent was really struggling to consider the perspective of their child's experience for a variety of reasons. And actually, I will add here, sometimes that reason is because the child



themselves is particularly sensitive and dysregulated, because a child who has, let's say, sensory processing challenges or has difficulty with state regulation is very hard to hold in mind.

**Dr. Claudia Gold:** [00:29:41] But what I began to notice is that when families got better, that behavior problems went away. It's because I sat with the caregiver and the child on the floor, and I simply listened to the caregiver where often, as I said at the beginning, surprising things would come out. The father had lost their job, was depressed. The mother had been raped right before the birth, or things that were making it very hard for that caregiver to enter into the experience of their child. And when I, as the clinician, listened to them, they were kind of freed to then hold their child in mind and the child in turn feeling, oh, my caregiver actually gets me, their behavior would improve. So that's a short version of actually my first book, which is called *Keeping Your Child in Mind*, was all about that. You know, over time, I began to understand that there's a lot more complexity to it, but that core idea is still so fundamentally important to every interaction we have with families.

**Dr. Dipesh Navsaria:** [00:30:53] Well, thank you so much for sharing that. It is a profound idea, and hopefully our listeners will be able to, after hearing this, hold a child's mind in mind, in mind. We'll just keep going with them in mind.

**Dr. Dipesh Navsaria:** [00:31:09] The very last question as we wrap up here. You've practiced pediatrics for many years. How can we incorporate these concepts into the busy clinical practices where we're being squeezed for time more and more and more? Are there small things that you would recommend to clinicians that they could do, and that parents should seek and look for when they're choosing someone to see for their child?

**Dr. Claudia Gold:** [00:31:34] Okay. That's also a great question. So I run a reflective practice group for pediatricians, I think for from the pediatrician side of it. And this is a systems issue, in order to really be able to listen to babies and caregivers in the way that the science tells us we should be doing. I think pediatricians really themselves need to be heard, and often they are not. And often they are overwhelmed and kind of beaten down by financial pressures and need to see many, many patients. So I think if I had my way, every pediatrician would have at least an hour a week in a group or individual setting, where they could have a space to talk about the emotional impacts of their work with families. So that's number one for what to do for pediatricians. I mean, and I would add, if they want to read my book, that will help them, it's very easy to read and, you know, to sort of get a foundation in some of the ideas. And then for parents, you know, Doctor Spock's phrase trust yourself comes into my mind that that you have something to value, to say about your child. And a pediatrician with whom you can have a good relationship is one who starts from that premise that you have something of

value to say about your child. So I would look for that and hold on to a sense of your own confidence as a parent.

**Dr. Dipesh Navsaria:** [00:33:14] Excellent. Thank you so much for these many, many words of wisdom, of concepts and ideas to really mull over and think about. There's really so much here that's so great. And it rings true with my own experience and hopefully that of many other people in clinical medicine and of families that may be listening to this. Thanks again for the conversation.

**Dr. Claudia Gold:** [00:33:38] Well, thanks for giving me the opportunity to share.

**Dr. Dipesh Navsaria:** [00:33:45] Welcome to today's 33rd page or something extra for you, our listeners. In the closing of her book, *Getting to Know You*, our guest today, Doctor Claudia Gold, leaves us with these beautiful words.

**Dr. Dipesh Navsaria:** [00:34:01] In beautiful article titled the Infant as a reflection of the soul, Psychologist William Schaefer writes of three core aspects of her humanness that babies reveal to us. The first two are presence and joy. He describes the third as more difficult to grasp, which he names, awareness of others. Awareness, perhaps. World repair. Calls for us to learn from babies, to hold front and center this idea that others have valid experiences of the world that are different from our own. Schaefer goes on to say, if we let them, babies can teach us a lot about capacities we lost during childhood. If we are willing to receive it, they can give us the incentive we need to go about the difficult task of recovering these capacities and making them conscious, deliberate, and enduring elements in our adult lives. We learn from babies to conceive of world repair as a relational, interactive, and developmental process. It begins with supporting caregivers and practitioners who care for families in proportion to their role in getting things right from the start. When caregivers and practitioners feel themselves held, they naturally move through moments of discord with their children and clients to impart a core sense of trust. This concept translates across the lifespan when we move through messy moments in interactions with others, letting ourselves be in the uncomfortable times when we don't quite know what's going on. We learn to trust each other. When we give ourselves grace to play in the uncertainty, we discover that when things go wrong, as they inevitably do together, we will find a way to reconnect with each repair. We grow and change over time. Building a better world. And that's today's 33rd page. You've been listening to the Reach Out and Read podcast. Reach Out and Read is a non-profit organization that is the authoritative national voice for the positive effects of reading daily and supports sports coaches and celebrates engaging in those language rich activities with young children. We're continually inspired by stories that encourage language literacy and early relational health. Visit us at [reachoutandread.org](http://reachoutandread.org) to find out more. And don't forget to subscribe to our show wherever you listen to your podcasts. If you like what you hear, please

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