“The Shock and Beauty of Early Parenthood”

with Junlei Li, PhD and Thelma Ramirez, EdM

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. Earlier this year, I was scanning my email and I came across a new item from our friends at Nurture Connection — the title, “Introducing the Shock and Beauty of Early Parenthood.” Okay, so clearly I couldn't just ignore a title like that, particularly when sent to me by folks who think so deeply about Early Relational Health.

I scanned down on the email and I saw that I knew both the authors. Even better, they weren't just sharing facts and data from various research papers, but chose a different approach: recounting the real-life stories behind that data in a series of essays called, indeed, “The Shock and Beauty of Early Parenthood.” Their work is rooted in Early Relational Health and minds deep and important questions of the heart — asking what does it mean to be enough as a parent, caregiver, or professional? Where is my maternal instinct if I don't feel an instant bond? How do fathers come to feel like fathers? And what if the connection doesn't come right away? How many interactions are enough when life is busy, complicated, or simply hard? Our guests today are Thelma Ramirez and Junlei Li. Junlei is the Saul Zaentz Chair in Early Childhood Education at the Harvard Graduate School of Education. His work

focuses on the essentiality of centering connection, growth, and healing in relationships, and how discord can be a pathway for relational repair, growth, and healing all within the sphere of Early Relational Health. And Thelma Ramirez is a research manager at Harvard's EASEL Lab, where she supports the equity-focused efforts of several projects. Her research interests include family engagement in social and emotional learning, culturally responsive pedagogy, and the intersection of equity and social and emotional learning interventions. I'm proud to say that I know them both through the parents-teachers world — and Thelma, welcome to the show and welcome back.

Junlei Li, PhD: [00:03:13] It's nice to be here.

Thelma Ramirez, EdM: [00:03:14] Dipesh thank you so late.

Dr. Dipesh Navsaria: [00:03:17] Can you tell us a little bit about this project of "The Shock and Beauty of Early Parenthood?" How did this come about?

Junlei Li, PhD: [00:03:26] I think this project came about because Thelma and I had been working together on Early Relational Health-related reports for policymakers, funders, and professionals. And every time we meet to talk about what goes into official reports, we started to talk with each other about stories: our own stories, the stories of people we've encountered in our work, and then the stories that people told us as part of the focus groups and interviews in relation to the report. And we realized that, other than putting a few select quotes into a report, there are no spaces in formal reports to include the human experience of Early Relational Health. And so, with the support of Georgetown's Early Relational Health center, Thelma and I, we shared a Early Relational Health fellowship and to be focused on caregiving. And we thought, "Let's use this opportunity to capture and reflect on some of the stories."

Dr. Dipesh Navsaria: [00:04:48] Indeed. Yeah. And you mentioned these several projects. There was two in particular that you had mentioned — "Early Relational Health, A Review of Research Principles and Perspectives," and then the second was "Applying Insights from Human Connection and Co-Regulation: Supporting Fathers in Human Services Programs." Can you tell us a bit more about what those looked at and what the conclusions were?

Junlei Li, PhD: [00:05:14] I think for both Thelma and I, the term "Early Relational Health" is still relatively new for us — even though for both of us, starting from the beginning of I think our careers, we focused on building relationships with children and families and communities — but the term is relatively new. So, I think it was our effort of trying to understand, "what does it mean to say that we're doing Early Relational Health work?" So, other than

the new words, “what is new or what are important reminders about that kind of work?” I think that's kind of our impetus behind not only the two reports that you mentioned, but a lot of the projects that Thelma and are continuing to work on.

Thelma Ramirez, EdM: [00:06:04] And I think I'll also add that, I think because Junlei and I had been working with practitioners in one way or another for so many years, we knew that we had to be respectful of the knowledge that was already out there, right — that Early Relational Health is not a new thing, even though the concept or the way that we talk about it might be new, that there are folks who are doing this all the time and they're not necessarily calling it that. And so, I think we were also really interested in hearing more from folks who are on the ground, around what they thought about this new term or this kind of new way of thinking. And I know for me, as a former home visitor, I was really excited about that piece.

Dr. Dipesh Navsaria: [00:06:50] Yeah. There's something to be said for the humility of not kind of just showing up and saying, “Hi, we've discovered this new thing.” And it's like, well, no — we've been doing this all along. Right? So, how do we capture some of the nuances, and the depth, and different perspectives that are already existing and have been there for some time in different ways? And I really love that you are grounding this in narrative. As someone who co-teaches a class in narrative medicine, I just am a big fan of the idea that you can't capture everything through a report in a few pull quotes. Right? As you commented on — and there's something to be said for centering the narrative in so many ways. Yeah. So, let's dig into a few of these essays. Thelma, in one of the pieces, you wrote about fatherhood. Can you tell us more about that and what you found?

Thelma Ramirez, EdM: [00:07:54] Yeah. So, I remember having conversations with Junlei about fatherhood, just generally because during the time that we were writing the report, you know, I was pregnant. I was expecting my baby, and I had a lot of questions around, just how do I prepare my partner for fatherhood? And when I decided to put together the essay, I think I was bringing in both my personal experiences with my own partner. I remember as I was helping him prepare, looking at apps that he could download and there were certain apps that used things like toolbox metaphors — like the baby weighs as much as a hammer, or whatever it was. I mean, it was the most superficial, almost, way to engage a father. And I remember talking to Junlei about like, “Is this what you find that's out there?” When I was writing the essay, I thought a lot about the fathers that I had encountered in home visiting, fathers who were often in the home when we would sometimes come in to do the visits — who might sit down and join sometimes, depending on how welcome they felt.

Thelma Ramirez, EdM: [00:09:05] And just a messaging that I think that they often heard or felt from in spaces that are often, I think maybe unintentionally, really thinking only about mothers. So, we often in home visiting would have family nights and the moms would show up and we would say, "Well, why don't the dads come?" And I think in conversation, I found that there they were coming. They were not absent. They were in the parking lot, because they didn't often feel like this was a space for them. And so, all of that felt really relevant to even the way that, you know, when my partner and I would go into a pediatrician's visit or something that first year, they would often ask me the questions right away. And so, I was thinking through all of that and coming to terms with like, you know, "My partner is wonderful. He's so hands-on. Why is it that I'm the one getting the phone calls from the daycare? Why is it that I'm the first parent every time someone talks about the baby?"

Dr. Dipesh Navsaria: [00:10:07] Yeah, that notion of the "default parent," no matter what the system says about "call this one first." Right? Yeah, so much of that resonates even with my own experience as a parent. I found when my children, particularly when they were very young, the clinic we went to didn't know what I did for a living and I largely got treated as the "useless parent." Right? Or the parent who would have to reach into their pocket and have some notes that they scroll down, that they were handed, right until they found out what I did. And then, suddenly I became the much more "useful parent." Right? Yeah, it certainly shouldn't be that way. Right? So yeah, I think the other real headline here is that, "Yes, I don't actually know how much a hammer generally weighs either." So, messaging would have been lost on me. So, moving on to another piece here — you wrote a piece on parental interactions that asked a very critical question that I heard as recently as two days ago: how many interactions are enough? Can you say more about that?

Junlei Li, PhD: [00:11:22] Yes, I think that question's stuck with me because people would ask that very often. The work that Thelma and I, we both do, a part of our work is a work called "simple interactions," where we actually talk to people about the importance of these simple, everyday interactions. So, as you can expect, even across cultures, people would come and ask in their roles as parents, as teachers, and sometimes as professionals — like, you know, people would say, like, "I totally get what you mean by the importance of these simple interactions, but how many do I need? Is there a threshold? Is there a minimum that I need, you know, over a day or a span of a week, or something like that?" And I think I'm always really thankful for people who are honest enough to ask that question. Right? Because I think a lot of times, especially if you're a parent, you might even feel embarrassed to ask that question — because you assume that the correct answer is "as many as possible." But most parents, and teachers, and people who interact with children, in particular, are working and living under lots of constraints. Right?

The most striking example that I have encountered where the question came up are migrant parents, who are separated from their children for most of an entire year and sometimes for several years — and their interactions, in-person interactions with their children, become very, very few.

And then, they struggle with how do they maintain connection with their children, just by communicating on the phone or occasionally a video chat? And I can think about, you know, my own experience — of working with not migrant parents, but parents who are, you know, very, very far away from most of the year during the time where there's no phone contact — and there was no video chat, no email, and telephone was far too expensive to waste it on, you know, a phone call like that. So, I think it's very much part of the realistic living condition for many caregivers all around the world that the answer is not as many as possible. The answer is, you know, how many can I create time and opportunity for within all the constraints and resources that I have? I think that is the nature and the origin of the question.

Dr. Dipesh Navsaria: [00:14:03] Sure. Yeah. And you know, there's even almost the flip side of that — which is, even for a well-resourced family, continual attention and interaction can also be draining. I still remember, this goes way back to when I was in med school, I spent a couple of weeks in a child psychiatry rotation and one of my experiences was with a psychologist who was doing a lot of parent-child interaction work. And during some downtime, I asked her, "Do you do this kind of intensive interaction that you're teaching families? Do you do this with your own child just as sort of, I don't know, preventive maintenance — sort of general, good thing?" And she said, "Oh yes, I do." And I said, "Oh, okay — for how long? I'm just curious." And she said, "Oh, no more than 10 minutes at a time, and maybe once a day." She said, "It's draining and no one could reasonably expect it to do that." And this is someone with all the education, and training, and resources. Right? So, maybe the flip question should be, how much interaction is too much?

Junlei Li, PhD: [00:15:12] Well, I think there are some evidence over time that children seem to benefit from both times in which they are perfectly in sync with us, connecting with us. And they benefit just as much from times where they're out of sync with us. And I think one particular example of that work we can trace back to Ed Tronicks' work on the still face experiment. I think one of the recent books, I think you've had them on — Claudia Gold's book on repair, where I think Nick talked about the still face experiment as his most famous demonstration, but the most misunderstood because that seemed to convey to people this idea that you need to be on, just like you said, all the time. Yeah, but Nick was talking about how in their research studies what was really most interesting and most developmental is what children and parents do after they're off, like when they try to reconnect. And that effort seemed to

be, if anything, almost like the engine that drives healthy development for the child, but also development of the relationship between the caregiver and the child.

Dr. Dipesh Navsaria: [00:16:43] Yeah. And I think, at least one, if not both of you might know this, but as an undergraduate, I worked on those still face studies. I was one of the people coding them in the background.

Junlei Li, PhD: [00:16:54] Oh my goodness, that's amazing.

Dr. Dipesh Navsaria: [00:16:55] Yeah, it's a small world. But yeah, it does highlight that challenge, I think, and, you know, certainly in the work of screen use and digital media. Right? There's a lot of conversation about the value, that of children being bored. Right? Boredom has turned into this thing that we need to banish at all costs because it's somehow viewed as unproductive, but actually boredom, or self-contemplation, or imagination — right, it can lead to great things, great skill building, great ideas, in so many ways. Yeah. So, Thelma, in another piece that was very deeply personal as well, you wrote this with such honesty about how one of your first emotions after giving birth to your daughter was guilt that you were already not doing enough for her — and you titled it, "There Is No Magical Switch — It Takes a Village." Talk to us about that.

Thelma Ramirez, EdM: [00:18:00] Yeah. You know, it was in many ways shocking how quickly the guilt set in, Dipesh. I had heard about "mom guilt" from colleagues and had, you know, come across it so many times as a home visitor. But I didn't expect it to happen minutes after I gave birth. And that's really the first time. And it continued to happen, time and time again. But, you know, after I gave birth, I was just exhausted and in pain and just wanted to sleep. And I remember thinking, "Is it okay if I ask the nurse to help me while I just go to sleep, just take a nap?" And it started there. Then, you know, I took Romina home and, you know, her weight had gone down and, you know, I was trying to nurse and it wasn't enough and we needed to supplement with formula. And I don't know if in the piece I wrote about this, but I remember being at a CVS that was right near my home, just standing in the aisle in such distress because I thought "I'm not enough — like I can't even feed my baby." And so, that was days after having the baby. And so, you know, I had done the research. I had read the books. I had taken all these classes and all of these people were so well-intentioned and telling me, "You're going to be a great mom, and this is going to come so easily to you." And it was, you know — when we say "the beauty and shock of early parenting," the shock really set in because, even after working with so many mothers, it was really hard to come to terms with.

Thelma Ramirez, EdM: [00:19:42] This is a reality and it's hard. And so, initially, you know, I had said, "No one needs to really be there at home when I get back. I want my privacy. I got this. I can handle it." And I think within two days, you know, we called my sister and said, "Hey, you're supposed to be coming in a couple of weeks — can you make it here quicker, because the thing is that I knew how important it would be to have support around me and I just didn't know how quickly and how much I needed it right away?" And so, it was through, you know, support from my sister — and then later, you know, my partner's mother who came from Iran — that I was able to get through those first few weeks. And honestly, it's through that continued support that I'm able to work right now and even be on this call. So, I think it was important for me to write some of this down, because for so long I had heard similar stories from other mothers and here I was experiencing it. So, it it was a cathartic kind of opportunity in many ways to be able to put it down.

Dr. Dipesh Navsaria: [00:20:53] Yeah. Thank you for sharing that both in writing and, and just now as well. I think there is something to that moment, especially when you work in this field and you study it. Right? And you suddenly are like, "Wait a minute — I guess this is true, right?"

Thelma Ramirez, EdM: [00:21:11] Yes.

Junlei Li, PhD: [00:21:14] You know, what Thelma shared reminded me. I think something I learned a lot from Thelma, and from her personal experience but also from her work previously as a home visitor supporting families. Because I think, when I remember when we were writing the report about Early Relational Health, we started to write this one section about how, you know, the neuroscience. The parenting brain, right, was indicating that, you know, we have these not natural capacities. And it was Thelma who actually reminded me that, you know, there were plenty of parents that she had worked with, she had supported, who didn't feel this came so naturally. And how do we think about Early Relational Health? How do we talk about it in a way that spoke right to that feeling of shock, or that feeling of guilt, or the feeling of inadequacy? I know that over the last maybe at least two or three decades in an effort to, I think, become more strength-based in the family support work. Often, professionals use slogans and phrases, like "parents are experts," etc. But I honestly don't know any new parent or even parent like — we all get to be parents like once-through, right? Even if you have several children, each of them is different. I just don't know a ton of parents who, from start to finish, says, "I'm an expert." If anything, I think, when start out, we are filled with not knowing and filled with a desire to want to learn more, not just about science or something, just to learn more about our child. I think if parents are experts only in the sense that if we define expert as someone who always has this desire to learn, to always feel like they don't know

enough — in that sense, parents are experts. But not in the sense that somehow, you know, the moment we became parents something switches on and we suddenly become “experts.”

Dr. Dipesh Navsaria: [00:23:40] Right. That instant mastery, just add water. Right? Yeah.

Junlei Li, PhD: [00:23:43] Right.

Dr. Dipesh Navsaria: [00:23:45] I, I do think there's a — well, if any parent ever thinks they have everything down, I guarantee that once their kids are adolescents, they will be reminded. They will remind their parents themselves that they don't know anything. So, that may be self-correcting in the long term, but yeah, I think sometimes we would do well to keep the “parents are experts,” etc. language more as reminders to each other in the service space, in the clinical space, and not necessarily to set unreasonable expectations for parents to put on themselves. So, tell me. As you were speaking, I was just thinking about when I've rounded in the newborn nursery and done newborn follow up clinic. Right? In those first few days of a baby's life — and I have to say, so much of what we do from a technical perspective is honestly, fairly rote. Right? “Let's check the weight, “you know. “Assess for jaundice,” you know. “Do this. Do that. How much sleep?” You know, wet diapers. It's actually very small, discrete pieces of information. And most of the time it's actually all going okay. And when I've realized that so much of what I need to be turning my attention to is setting expectations and normalizing for parents, the experience of what's happening right now — that, yes, your baby will lose weight in the first few days. That is normal. That is expected. In fact, if your baby is not losing weight, I'm wondering what you're feeding them. You know, and so on. And the number of times I've had to say to a parent who's just so anxious about their milk supply and all that, “It's not the end of the world if they choose to formula feed here and there and allow everyone to get some rest,” and just having people just break down in tears — that of being given permission. Right? Even if I wasn't the one who gave the original advice or guidance, right? That permission to say, “Hey, this is okay” was probably more meaningful to that newborn experience than anything.

Thelma Ramirez, EdM: [00:25:56] I had this conversation a week later, when I was able to talk to the pediatrician that we found and I had exactly that experience, Dipesh, when she said, “Hey, it's, it's okay. Like, you're doing great. You're both doing great and you're feeding your baby and that's what matters.” That was exactly how I felt. I felt like it's going to be okay. And then, she referred me to a lactation consultant. She said, “If it's really important for you to continue to breastfeed and have that be most of what you do, like you can get someone to help you with that. That is also totally fine, but give

yourself a little bit of grace.'' And so, that was a lot — that I remember that conversation I think more than I remember anything else that happened that first year. So, I'm not surprised.

Dr. Dipesh Navsaria: [00:26:45] It makes me think that we need to reframe how we teach that from. This is not merely a technical approach, but it's also a relational approach. Yeah. And, and I think that would change how we talk about it and think about it. Yeah. Before we close here, I have to touch on one of the other pieces here. You wrote about fatherhood, your journey as an adoptive father, and — as I think we've discussed before — I, too, am an adoptive parent. And you talked about paternal instincts in your piece. Can you just say a few words about that?

Junlei Li, PhD: [00:27:23] I'm curious what your experience was. I thought that I would have paternal instincts or that if I didn't have instinct by the time I became a dad, I had. I was just about to finish my doctorate in developmental psychology. So, I thought whatever I may lack in instinct, you know, my academic training would help. And it turns out that both failed me on that regard in becoming an adoptive parent. I think they were just, in hindsight, like very simple scenarios with a child that you just didn't know what to do when you were young. My children, both of them had grown up in orphanages and so on. I had read, you know, research studies about it, but there's hardly anything that prepares you for the feeling of like in the middle of the night, your child starts to cry out of night terror. Right? And they can't explain to you what they're terrified of. And then, you know, you can imagine all these, picture-perfect scenes where you rush to your child, you pick your child up and your child's cry, turns into a whimper and lays their head on your shoulder. Well, that wasn't happening. It was that, you know, my picking them up sometimes doesn't do anything to abate the crying. If anything, it might even make it worse. And then, as you try to hold the child closer to yourself, the child actually intentionally leans away from you. Right? So you have to be so careful, so that they don't actually fall out of your life.

They jerk away with such kind of violent, you know, physicality. And, you know, I had read all kinds of accounts of that happening, particularly with previously institutionalized children and so on. So, I have the knowledge of it, but that doesn't prepare me at all to actually do it. And I think what to me was helpful wasn't just knowing that, you know, fathers also have caregiving-brain and their brain can develop over time. I think it's to learn the truth behind both the neuroscience and what Thelma was talking earlier about being mothers and so on — that whatever instincts we may have, they have to unfold and develop in us in the context of these actual interactions, including all the interactions where you didn't know what to do and you're just trying to figure it out. And the people around us — whether they're our spouses,

whether there are others who can help us and support us through these frustrating, sometimes even scary interactions — are the people that help us to actually grow in our paternal capacity. Whether it's an instinct, or whether it's knowledge, or whether it's a combination of all of that, I think it doesn't change the fact that in the end, to develop that capacity requires support and that the development of that capacity wouldn't come from trainings and books alone, but ultimately have to come from the very simple act of caregiving — which I think historically, fathers today are engaged more in caregiving than they have ever been throughout the history of recording that.

Dr. Dipesh Navsaria: [00:30:52] Yeah. I mean, it makes me think that maybe that's the instinct. Right? And maybe we need to return it. Parental humility, that recognition that — whether we're talking mothers, fathers, you know, whatever way we're defining it, right — that knowing that you need help, knowing that you're not sure what to do, and being able to ask for that help. And then, how do we create a world where that help is available, right? Whether it's your existing social networks or other connections that we build for you, because it almost reminds me of the conversations I have very frequently, year on year, with our new trainees — whether it's residents, or medical students, or PA students, or whoever. I tell them they all have imposter syndrome, right? "I'm not supposed to be here. I don't know what I'm doing. How could these people trust me with any kind of care, you know, whatever of a patient?" And I say, "that's okay. I actually want you to have doubt, because that doubt is what will lead you to ask for help when you need it, as opposed to overconfident." And I think the overconfident parent would worry me much more than the parent who says, "I don't have a clue what I'm doing here." And then, it's up to us to say, "And what are your existing resources, and if and how do we help supplement that where needed?"

Junlei Li, PhD: [00:32:17] I really like how you framed it as perhaps our instinct is humility. Right? And I think that seemed to ring true that the instinct is to know all that I didn't know as a parent, but then simultaneously wanting to be better, even through the setbacks, and frustrations, and so on. And that recognition of "I want to know so much more than what I know now" and the desire to keep trying in spite of just fumbling through it — that may be the instinct that we need.

Dr. Dipesh Navsaria: [00:33:00] Indeed. Well, this is — we could talk for another hour or two easily about all of this, but we are out of time. I just want to thank you both for this just captivating set of essays. And I'll note that you said on there that this is just the beginning. Right? You're inviting others to contribute their own ideas — their own thoughts, their own stories — and to really further this work. So, thank you for taking the time to sit down and

really think deeply about this and share these amazing ideas and perspectives with the world and hopefully bring in yet more. Thank you.

Junlei Li, PhD: [00:33:42] Thank you.

Thelma Ramirez, EdM: [00:33:43] Thank you.

Dr. Dipesh Navsaria: [00:33:48] Welcome to today's 33rd page or something extra for you, our listeners. In today's episode, we talked about this incredible set of essays that our guests wrote, "The Shock and Beauty of Early Parenthood." I'd like to share with you the last three paragraphs of their framing comments, because I think it's important in terms of highlighting their key points. And they also give us a lovely invitation. "We also return again and again to this understanding. The capacity to care is real, but none of us is meant to do this alone. Parents and caregivers grow into their roles in the presence of others — siblings, nurses, partners, home visitors, social workers, neighbors, grandparents, and peers who show up in big and small ways. The same is true for many professionals. We, too, need villages and parallel relationships that sustain us as we support families. Our hope is that these reflections will resonate with parents and caregivers, with home visitors and providers, with researchers, funders and leaders across the Early Relational Health ecosystem. We hope they will help humanize the science behind ERH, ease some of the quiet guilt so many people carry, reinforce the heart of an Early Relational Health message. None of us is meant to do this alone. Most of all, we hope these pieces serve as an invitation: an invitation to remember the people who have been your village, and the people for whom you have been a helper.

To notice the small, everyday interactions that make up Early Relational Health. And if you're willing to add your own stories about what Early Relational Health has meant in your life and work to this growing conversation." And that's today's 33rd page. You've been listening to the Reach Out and Read Podcast. Reach Out and Read is a nonprofit organization that is the authoritative national voice for the positive effects of reading daily and supports, 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/podcast 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 leave us a review. Your feedback helps grow our podcast community and tells others that this podcast is worth listening to. Our producer is Jill Ruby. Lori Brooks is our chief external affairs officer. Special thanks to our communications manager, Niels Torres, and Communications Specialist Priscilla Takyi. Thank you to our founding sponsor, Boise Paper for making a

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