FROM THE EDITOR

Editing my first newsletter comes with trepidation as I take the reins from David and Isla Lonie who have so capably provided us with the newsletter for longer than I remember. The hand over produces some practical hitches, in particular I hope the AAIMH logo looks better by June's issue.

The AAIMH National Conference in Melbourne during December was a great success. A report of the conference by Dr Campbell Paul leads this issue. An AAIMH National Conference looks like becoming an annual event with preparation under way for the next National Conference to occur in Adelaide during October 1997. Further details later in this issue

Also in this issue is a paper given by Mrs Juliet Hopkins, in Sydney following the Conference, that she has kindly allowed us to reproduce. It deals with the relationship between infants and their carers in day nurseries (creches). This is followed by a report of an AAIMH (Vic) Scientific Meeting during 1996. Finally a reference list prepared by Mary Sue Moore on "Trauma, Memory & Development: Clinical Implications", reflecting the focus of her Conference presentations, is reprinted in this issue.

Paul Robertson

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CONFERENCE REPORT AAIMH NATIONAL MEETING MELBOURNE - DECEMBER 1996

The interplay of infants, parents and therapists

About 150 people gathered at the University of Melbourne for a rich feast of material for this National Meeting of the Association. Over the 3 days of the conference there was exciting material presented by both local and overseas workers in the infancy field. We were privileged to have Mrs Juliet Hopkins from London and Dr Mary Sue Moore from Boulder Colorado as major presenters during the Conference. Unfortunately Dr Stephen Seligman from the Parent-Infant Programme in San Francisco was unable to attend at the last minute. We were however able to secure a video tape of one of his talks which was included in the programme. He was extremely disappointed not to be able to attend and is keen to pay a visit to Australia to hear first hand about our work with infants.

Very generously, when we knew that Professor Seligman was unable to attend, Dr Mary Sue Moore and Louise Newman, David and Isla Lonie from Sydney and Brigid Jordon and Sue Morse from Melbourne, were able to put together some exciting work for presentation on the first day of the Conference.

In the symposium called "Weaving the Fabric of Attachment: Parent-Infant Interactions and Psychopathology" Louise Newman, David Lonie and Isla Lonie used Bowlby's theory of "The Attachment Behavioural System" and later developments to understand the problems of infants and parents where a parent has suffered long-term Borderline Personality Disorder and a history of having been traumatised and abused herself. The video material was vividly enlivening of the presentation demonstrating how with the use of a clear theoretical model and dedication to the task one can work successfully even with the most troubled of families.

Brigid Jordan and Sue Morse from the Infant Mental Health Group at the Royal Children's Hospital also helped enable the Friday's presentation arise like 'a phoenix from the ashes' and presented some further.

vibrant and exciting clinical work with infants in the context of the paediatric hospital setting. Particularly they illustrated the role for the psychodynamic understanding of the infants problems around feeding within the paediatric context and the importance of the therapists being able to reach and work directly with the infant herself.

Mary Sue Moore, in the afternoon session, drew on her vast knowledge of the clinical and research literature to give a powerful account of infants in the context of traumatic attachments considering the impingement of trauma and illness upon their development. Mary Sue managed to make the very complex field of developmental neurobiology relevant and understandable for infant mental health clinicians.

The second day of the Conference was opened by Marianne Nicholson from Sydney who provided a warm welcome to all Conference attendees and AAIMH members. She noted the move towards the formation of a national organisation, with vigorous state branches, foreshadowing the major item on the first National Annual General Meeting which was held at the end of the day on Saturday. Professor Stephen Seligman then appeared on the large video screen talking about intervention techniques with infants and their families as developed by the Parent-Infant Programme in San Francisco.

This programme was pioneered by Selma Frieberg and remains at the forefront of intensive psychotherapeutic work with infants in troubled families. The limitations of the video material were in part overcome by Brigid Jordan who imaginatively chaired the session in a way that continued discussion about techniques of intervention with babies. Juliet Hopkins from the Tavistock Clinic in London presented her paper about crying babies subtitled "Who Is Crying About What?". She managed to tease out the subtlies of crying and the importance of trying to understand the meaning of the infants distress within the family context. Suzanna Taryan from the Pathway Parent-Infant Unit at the Albert Road Clinic in Melbourne, followed Juliet Hopkin's presentation with some clinical material from an inpatient mother-baby unit. Again the use of video material highlighted the poignancy of the infants predicament when her mother has a significant depressive illness.

Mary Sue Moore began the afternoon session with another elegant talk presenting the links between the "biological" and the "psychological" for the infant whom experiences trauma of one kind or another. She related this to the infant mental health workers own feelings and the important role of the use of counter transference in understanding the infant and family and in coping with what is intrinsically distressing work. Judith Edwards and Elke Urbanski from the Early Intervention Programme of the Benevolent Society in Sydney followed up Mary Sue Moore's presentation

with a very moving clinical presentation highlighting the importance of well supported and supervised home visiting and also the importance of involving fathers in treatment. Judith and Elke also drew us into the very difficult area of work with families where the infant remains at some risk and how to retain the family's confidence and yet provide appropriate protection for the infant.

On the third day of the Conference, things began with a marvellous presentation by Juliet Hopkins entitled "The Dangers and Deprivations of Too Good Mothering". This was the Winnicott Memorial Lecture, our contribution to celebrations of the 100th Year of Donald Winnicott's birth. Drawing on Winnicott's work and Juliet's own clinical and theoretical work, she demonstrated how the infant does gain from the experience of some frustration as provided by the "good enough mother". In the situation where the infant appears merged with the too good mother, the mother fails to help the child develop a sense of 'me' and 'not me'. Juliet made some suggestions as to how one might be alert to this problem and sensitive ways of intervening.

A lively discussion followed Juliet's after which Frances Thomson Salo and Campbell Paul from the Royal Children's Hospital in Melbourne presented a paper entitled "Infant Psychotherapy - Direct Therapeutic Work with Infants". Frances and Campbell presented the case of a young boy who commenced in individual psychotherapy in his 23rd month whilst his parents were in concurrent therapy. The importance of understanding the role of gaze was emphasised as was the need to acknowledge the infant as a person and at the same time a patient in his or her own right.

The panel discussion that followed included Juliet Hopkins, Mary Sue Moore, Anne Morgan, Jeanette Milgrim and Suzanna Taryan. The discussion was chaired by Sue Morse in a innovative way with the conference participants having lodged questions with Sue which she later put to the panel members for comment and discussion. It was a vigorous, lighthearted but paradoxically seriously productive conclusion to what was a very enjoyable conference.

Most of the presentations were tape-recorded and may be available for limited access to AAIMH members. We also plan to publish a number of the papers in the AAIMH Newsletter, so stay tune!

The conference organisers wish to thank all those who attended and participated in this National Working Conference in Melbourne and join people to participate in the next conference which is planned for Adelaide in October 1997. We expect these to be an annual event.

Campbell Paul

Facilitating the Development of Intimacy between Nurses and Infants in Day Nurseries: Improving the Quality of Care [1]

The gap between ideals and practice in child care is often inexplicably wide. This paper examines why the care of infants in day nurseries often becomes impersonal rather than intimate, and suggests means of counteracting this.

Background

Two recent research studies (Bain and Barnett 1980, Marshall 1982) were made in state run day nurseries which provided care for infants from disadvantaged families in London. Although the two nurseries studied were of good repute and employed trained nursing staff, the care of the children was found to be very inadequate. In particular it was impersonal and fragmented. Nurses were observed to focus on the physical care of the children and on the domestic tasks of the nursery and to avoid personal and playful interaction with the children.

For example, in Marshall's detailed study of the care of a group of nine infants under two years of age, it was observed that the attention of adults flitted from one child to another and rarely lasted for as much as thirty seconds on any one child. A child with a dirty diaper received the longest bout of sustained attention (up to 4 minutes), but this was directed only to his buttocks. It was usual for a nurse not to make eye contact with the infant she was attending to, but to direct her attention to another infant at a distance. Not only was the infants' care fragmented in its brief and episodic style, but also in the discontinuity of personal attention which it provided. There was no assignment of infants to individual nurses and it was, for example, common for a toddler to be sat on a pot by one nurse, to be wiped by another and to have his pants pulled up by a third. Physical contact between adults and children was kept to the minimum and staff did not attempt to comfort distressed babies by holding them, but by moving them, for example, from cot to floor or back again. Very little speech occurred between adults and infants. Throughout most days the infants remained silent, without any babbling or jargoning of their own. Contact between the nurses and the infants' parents was restricted to a few pleasantries at the times when the infants were left at the nursery and when they were collected.

These findings may seem unbelievable. How can staff who have chosen to make a career with children and have been trained to do so, treat them so distantly, impersonally and interchangeably?

One of the obvious reasons for the poverty of care was the inadequate staff/child ratio. Although the recommended ratio for the care of children under two years of age in these state day nurseries was one to three, staff coffee and lunch breaks and the shift system often meant that only two staff were in charge of nine infants. Moreover staff shortage was exacerbated by the high rate of staff sickness. In the nursery studied by Bain and Barnett, staff absenteeism averaged 53 days per nurse per annum. Such a high level was both a reflection of the stress of the job and a cause of it, as nurses at work struggled to cope in the absence of others. Staff turnover was also found to be extremely high.

However, the inadequate staff/child ratio seemed insufficient to explain the extent of the staff's detachment from the children and of their evident unawareness that they were giving the infants less than optimal care.

Approach

In 1983 in a similar state-run day nursery, close to the author's clinic, a cot death occurred. The official inquiry revealed that the baby who died had been handled by four different nurses that morning, and that she had been put outside in her pram and forgotten because she was no one individual's responsibility. The publicity surrounding this event led the author to approach the local department of Social Services in order to offer an intervention aimed to understand why impersonal and fragmented care so often becomes the mode of practice in day nurseries and whether this practice could be reversed to provide the more intimate care recommended for young children. In undertaking this project the author was encouraged by the work of Bain and Barnett in achieving beneficial changes in the day nursery which they studied.

The Social Service Department responded by arranging for twelve nurses, responsible for the care of infants under two years of age, to be released for one afternoon a week to attend group discussions at our clinic for a period of six months. Two nurses, one senior and one junior, came from each of five nurseries, and two juniors from two other nurseries; they represented a wide range of experience. The group discussions took place in two periods. One period, led by a colleague (Dilys Daws) focussed on the care and development of individual infants, while the other period, led by the author, focussed on topics selected by the nursery staff. Topics covered included such subjects as admission procedures, settling babies in, relationships with children's parents, handling aggression and the assignment of children to individual staff members.

Neither the author, nor her colleague, ever visited the seven day nurseries where the nurses were employed, and therefore did not know how closely conditions of care in them corresponded with those reported in the two research studies cited. However, since the staff/child ratios and the staff training were the same

and the infants were selected from similarly disadvantaged backgrounds, it would be surprising if there had been major discrepancies. The main difference was probably a recent change in Social Services' policy which now requires that each infant should be assigned to the care of an individual nurse, or "key worker". This recommendation turned out to have been variously interpreted in five of the nurseries and to have been ignored in two. In each of the nurseries the majority of the infants stayed for the whole of a working day, some of them for as long as nine hours. They had been allocated places on account of parental need, associated with such problems as child abuse or neglect, depression or ill health. Some indication of the problems presented by children from such disadvantaged families is given by a recent London survey which found that children, aged two to four years, in day nurseries had four times as many behavioural problems as those in nursery schools, and ten times as many behavioural problems as those in play groups (McGuire and Richman 1986).

Many papers have dealt with the adjustment of young children to the provision of alternative care. This paper is entirely concerned with the experience of nurses in providing this care, as reported by them in the group discussions. It describes how the discussions changed and enriched the nurses' experience.

Understanding the Conflict between Ideals and Practice

All the nurses already claimed to accept the ideal of babies developing intimate, individual relationships with their nurses. This ideal has spread among London nurseries in recent years, in accord with the views on attachment of Bowlby (1982) and Ainsworth (1974). It replaced an earlier ideal that close relationships between nurses and children should not be allowed to develop because such relationships were potentially damaging for children and created difficulties for staff (e.g. Tizard 1971). Proponents of the old ideal argued that if a child became closely attached to a nurse he would suffer a great deal when she left or went off duty, and that it would both weaken his relationship with his mother and make him more difficult to manage by his nurse. Although all the nurses in our group had apparently accepted the new ideal, all the original arguments against it were reproduced by them unchanged. They were perplexed about the clash between the new ideal of intimate attachments and the apparently adverse effects of practising it. Many of the nurses had had experiences early in their career of developing an intense attachment to a child and they still vividly recalled the pain caused to them and to the child when they parted. They had also had experiences of children who became attached to them demanding excessive attention and being jealous and possessive; they wondered if they had spoiled them. And although they were uncertain whether an intimate relationship with a nurse weakened a child's relationship to his mother, they were very much aware that some mothers became jealous of their children's affectionate

relationship to their nurses. So, although the nurses expressed themselves in favour of closer relationships, they feared the consequences.

The group discussions revealed two other major sources of conflict with the new ideal: notably the ideals of equality and of independence.

Nurses believed that children should be treated equally and given equal attention, or else some would miss out. In practice this seemed to mean avoiding any lengthy involvements with individual children, for fear that others were being ignored or getting jealous; they also feared that favoured children might become spoiled. The nurses' struggle not to favour some children more than others emerged in the discussions as a reaction against the strong wish to do so. Their feelings towards the children were not at all equal; they found some of them appealing and lovable, others uninteresting, some annoying and a few unbearable. The nurses deprecated their biases and felt especially guilty about their dislike of some of the children. It was a relief to them to discover that the group leaders regarded this as a problem to be understood rather than as a failure to be condemned.

The counterpart of the belief that all children should be treated equally was the apparent belief that all nurses should be equal, and therefore equally interchangeable within the groups of children who knew them. Bain and Barnett believed this to be one of the factors associated with high absenteeism: nurses felt that any other nurse could do their job just as well.

The ideal of children attaining physical and emotional independence was one which had been fostered at the nurses' training school. Nurses were proud when infants moved from bottle to cup, when they learned to feed themselves and when they achieved toilet training. Nurses had also been led to admire infants who were undemanding, quiet and self-contained. And they were aware that once infants formed individual attachments these qualities were often lost and gave way to much more emotional behaviour.

An additional conflict with the ideal of individual, intimate relationships was the threat it appeared to pose to both infants' and staffs' relationships to the infants' parents. Staff were afraid of offering the infants happier relationships in the nursery than they enjoyed at home in case this undermined their relationship to their parents; and they did not want to make inadequate parents jealous or envious of their own relationships to the children. Consequently staff avoided displaying signs of affection to the infants in front of their parents, and some said they even felt guilty if they gave the infants a cuddle when their parents had gone.

Development of Awareness of the Importance of Feelings

As group discussions proceeded, nurses' perceptions changed in two main directions. They became more aware of the children's individuality and of their needs for attachment, dependency and emotional expression; this change was reflected in the more detailed and sensitive observations of the children which they reported. They also became increasingly aware of the impossibility of fully meeting the infants' needs, because of the inadequate staff/child ratio and the special needs of disturbed and disadvantaged infants. Greater awareness of the children's needs was accompanied by a greater response to them and more pleasure in doing so; in this way the job became more rewarding. But greater awareness of the impossibility of providing sufficient care made the job more painful and frustrating. It increased the staff's anger with their employers, the Social Service department, which seemed to be demanding 'the impossible' while paying 'a pittance' for it. Three staff said that they would give up nursery nursing unless the pay and the staff/child ratio improved.

The development of the expression of the nurses' feelings in the group discussions went hand in hand with their growing awareness of the children's feelings. The group leaders challenged some of the nurses' assumptions about the value of independence in such a young age group. They drew attention to the difference between genuine self-reliance and detachment, and between distress and disturbance. They indicated that it was natural for infants to be distressed several times in the course of a nursery day and to need physical comfort from a known nurse. Some nurses stopped using distraction as the main technique to deal with children on the brink of tears, and began to find that there were benefits in picking them up and allowing them to have "a good cry". For example, Peter, aged 18 months, had appeared to pass each day during the month he had spent at the nursery, tremulously on the brink of tears. When his nurse stopped diverting him with toys on his arrival, but picked him up for a cuddle when his mother left him, he sobbed on her shoulder and then for the first time settled down to play. Nurses were surprised to recognise that tears and fuss could be a sign of a child's security in his relationship with his nurse, and not simply a sign of her failure. They became more accepting of displays of emotion and less unquestioning of the virtues of detached independence.

As Anna Freud wrote in her book on the institutional care of infants (1973), "It is not the absence of irrational emotional attachments which helps a child to grow up normally, but the painful and often disturbing process of learning how to deal with such emotions".

Although nurses were relieved to find that there could be blessings in tears, opening up the whole subject of the children's emotions was a very painful one for them. They became increasingly aware of the extent of many children's unhappiness, both at the nursery and at home, and of the high incidence of emotional disturbance among them, manifest in such problems as tantrums, screaming, head banging, provocation and teasing, aggressive assaults and compulsive masturbation. Looking at the feelings of these disadvantaged children was a bit like opening Pandora's box, and sometimes created a feeling in the nurses' group that everyone there could do with a good cry.

The Development of Intimate Attachments

During the six month period of the group discussions, several staff risked forming more intimate relationships with the infants than they had done before. Their reports of how this affected both them and the infants were of special interest. Firstly, the change gave the nurses a new sense of self-importance. It now mattered to them to be reliably at work to ensure the happiness of the children who depended on them. Illness or absence was a serious matter. They took an especial pride and interest in the babies who became attached to them, and surprised themselves by referring to them as "my Harry" or " my Jane". Two nurses were also surprised to find themselves spontaneously using "baby-talk" to babies who had become attached to them. This drew the whole group's attention to the fact that "baby-talk" had not previously been used by staff in any of the nurseries; they said it would have seemed silly.

A further spontaneous development in response to the formation of individual attachments was concern on the nurses' part about the transfer of infants from one nursery group to another, as the infants grew up. Plans were made to postpone some of the transfers and to make other transfers very gradually, to ease the loss for both nurse and child. Increased concern for the infants also led staff to attempt more communication with the infants' parents in order to co-ordinate their care at home and in the nursery.

However, the nurses' increased affection for the infants also made them more distressed about the inadequacy of the parenting which some of the infants received. Two young nursery staff spoke of spending sleepless weekends worrying about the happiness and safety of "their" babies. Commitment to these disadvantaged infants was achieved at a considerable emotional cost.

Changes reported among the infants who had developed special attachments to individual nurses were diverse, depending, it seemed, on the nature of the attachments which they had formed. All attached infants were reported to show an increase in communicativeness, especially in the use of language. For example, two toddlers whose speech had been markedly delayed suddenly blossomed into sentences as soon as each had a nurse whom he could call "mine". Some attached infants showed other positive developments. They

were reported to settle more easily on arrival, concentrate better on play and be less attention-seeking than before. Presumably these were infants who had formed secure attachments, and were able, as Bowlby has described, to use their new attachment figures as a secure base from which to explore. However, other attached infants developed the characteristics predicted by adherents of the old ideal of detachment. They became intensely demanding, especially of physical contact, and were jealous and aggressive towards other children.

Nurses observed that infants who had developed secure attachments to them greeted their mothers more enthusiastically than before. They showed less ambivalence towards their mothers, and this seemed to indicate that they had found the long day's separation less painful now that they were assigned to an individual nurse.

However, two infants, who had developed secure attachments to their nurses, provided apparent evidence that their relationship to their mothers had been undermined. When their mothers came to collect them, they howled, clung to their nurses and resisted going home. This was very upsetting to both nurse and mother. One of these children, Jane, aged 19 months, seemed to be showing an angry, retaliatory reaction to having been left by her mother; this made staff more aware of the way Jane's mother was frequently rejecting towards her. The other child, Tom, aged 21 months, seemed more frightened of his mother than angry with her, and this confirmed staff's suspicions that he was being maltreated at home. These two children's new attachments to their nurses had enabled them to express feelings towards their mothers which had previously been hidden and were valuable for staff to know about. No evidence was brought that any child's relationship to his mother was actually weakened by his attachment to his nurse. Discussion of these issues drew attention to how little is actually known about the effect of an infant's various current attachments on each other. Such anecdotal evidence as there is, for example, on children in hospital and in foster care, seems to suggest that a secure attachment with one figure builds up a capacity for trust and an increased capacity to form secure attachments to other figures.

Evidently, nurses had been correct in supposing that offering individual attachments to the infants in their care would lead to trouble. The reasons which had sustained the old ideal of detachment became clear. The available evidence indicated that it was infants who enjoyed a secure relationship to their mothers who were able to develop secure attachments in the nursery, and who presented no problems in their management. But infants who had insecure, anxious attachments to their mothers developed relationships to their nurses which were fraught with difficulty. This finding is in line with Sroufe's research (1983) which showed that children who had insecure, anxious

attachments to their mothers in their second year subsequently developed very dependent and demanding relationships to their pre-school teachers; in particular they sought attention in very negative ways.

The period spanned by these discussion groups was too short to discover whether, with time, infants who had made insecure, anxious attachments to their nurses might become more secure. The nurses' own view was that this could only be achieved by offering these infants one-to-one individual care. With the existing staff/child ratio they felt that they could not provide sufficient attention to make the development of secure attachments for disturbed infants possible.

Impersonal Care as a Defence

In conclusion, work with this group of nursery staff clearly supported the finding, reached by Bain and Barnett, that impersonal care develops as a defence against the anxieties, pain and frustration associated with intimacy. Once the nurses could be helped to tolerate and understand the distress which was inevitable in their work they were able to offer more intimate relationships to the children in their care, and greatly increase their pleasure in their work. Infant care was experienced as more rewarding and interesting, as well as more painful, and the staff were convinced that both they and the infants benefited, in spite of all the difficulties. When the group discussions ended, the nursery staff no longer paid lip-service to the ideal of infants developing intimate, individual attachments to their nurses, they were fully committed to it.

The Group Discussions

The changes achieved through the group discussions were reached through combining the nurses' knowledge and experience with the group leaders' psychoanalytic understanding of group processes and of child development. The group leaders made it clear that they were there to help the group to learn from each other and to find their own solutions to problems, rather than to tell them what to do. Inevitably the nurses knew far more about daily life with disadvantaged infants than the group leaders did, and this in itself contributed to the nurses' self-esteem. Their self-esteem was enhanced further by the group leaders' respect for their work and recognition that they were playing important therapeutic roles, while coping with major stress, rather than "simply playing all day with babies", as one of them put it.

Weekly attendance at the clinic provided the nurses with a secure base from which to explore their thoughts and feelings about their work. They valued the respite from the pressures of the nurseries and the opportunity to have some time for themselves. What mattered to them most seemed to be the opportunity to meet with each other; their attachment was primarily to their peer group, and they seized opportunities to

chat informally to each other outside the group discussions. They pointed out that nurses at work also need time available to chat to each other, as well as regular opportunities for serious discussions. As one nurse explained: during the era of impersonal care she had worked in a nursery where the nurses chatted all day to each other, but now she had become involved with 'her' babies she felt deprived of other nurses' companionship.

Although the nurses' main allegiance appeared to be to their peer group, they were evidently influenced by the group leaders' approach. In particular, the leaders' individual interest in them and their work probably contributed to their own growing interest in the individuality of the children in their care, while the leaders' toleration of their feelings helped them to feel more tolerant of the infants, and, to some extent, of the infants' parents. Perhaps it is worth mentioning that the question of the nurses' relationships to the infants'- parents was often discussed but never resolved. Pressures towards greater involvement with parents came from the nurseries' policy makers, from the nurses own wishes to help, and from some of the parents themselves. Pressures against involvement with parents came from the acute shortage of staff, their lack of training for work with adults and their animosity towards some of the parents, who were often described in very prejorative terms.

Not all nurses gained equally from the group experience. Three nurses quickly dropped out, apparently because their nurseries could not spare them. Two nurses spoke very little and it was difficult to know what they had assimilated. The more experienced nurses probably gained most from the climate of thinking and understanding, and from the capacity to conceptualize their work and hence to explain it to nurses whom they supervised. More junior nurses chiefly gained an increased interest in and understanding of infants and of the stresses inherent in their job. All nurses seemed to gain a new sense of the importance and value of their work, and of the necessity for continuing discussion and support. One outcome of the intervention were requests for regular consultation to each nursery.

Recommendations

It is obviously very difficult to overcome the pressures towards the impersonal care which is so repeatedly observed in institutions, such as nurseries and hospitals (eg. Coser 1963, Menzies 1970). However, this brief intervention, like the much more thorough study of Bain and Barnett which preceded it, does illustrate that retraining and support of staff can facilitate the development of intimacy.

The basic training of nursery nurses must develop beyond the physical care of children to include understanding of their needs for attachment, dependency and emotional expression. It also needs to include understanding of the psychological stresses of the job of the nurse. Once nurses are trained, they need on-going support and opportunities for discussion of their difficulties, and those of the infants and their parents. However, good training and on-going support can only be effective if individual case assignment and adequate staff/child ratios make rewarding attachments between nurses and infants possible. If all these conditions are provided, nurses should not need to retreat behind impersonal institutional defences in order to cope with their sense of frustration and failure (Menzies 1982); they should be able to provide the opportunities for intimate attachments which infants need. Yet, the question remains whether such optimal conditions can ever be reliably and consistently provided, and therefore, whether the institutional care of infants can ever be satisfactory. Alternative methods of supporting disadvantaged parents with their infants must also be developed.

Juliet Hopkins

References

Ainsworth, M.D.S. et al (1974). Infant-mother attachment and social development# In M.P.M. Richards (Ed), The Integration of a child into a social world. (pp 99-135). Cambridge University Press.

Bain, A. and Barnett, L. (1980). The design of a day care system in a nursery setting for children under five. Tavistock Institute of Human Relations. Occasional Paper No.8.

Bowlby, J. (1982). Attachment and Loss. Vol 1. Attachment. 2nd Edition. Hogarth Press.

Coser, R.L. (1963). Alienation and the social structure: Case analysis of a hospital. In FREIDSON (Ed.) 'The hospital in modern society' (pp 231-262). Free Press N.Y.

Freud, A. (1974). Infants without families. London. Hogarth Press.

Marshall, T. (1982). Infant care: a day nursery under the microscope. Social Work Service, 32, 15-32.

McGuire, J. and Richman, N. (1986). The prevalence of behavioural problems in three types of preschool group. J. Child Psychol. Psychiat., 27, 455-472.

Menzies, I.E.P. (1960). A case-study in the functioning of social systems as a defence against anxiety. Human Relations, 13, 95-121 and Pamphlet No-3. Tavistock Institute of Human Relations.

Menzies Lyth, I. (1982). The psychological welfare of children making long stays in hospital: an experience in the art of the possible. Tavistock Institute of Human Relations.Occasional Paper No-3.

Sroufe, L.A. (1983). Infant caregiver attachment and problems of adaptation in preschool: the roots of maladaptation and competence. In M. Perlmutter (Ed.) Minnesota symposia in child psychology, 16, 41-83. Hillsdale N.J. Erlbaum.

Tizard, J. and Tizard, B. (1971). The social development of two-year old children in residential nurseries. In H.R. Schaffer (Ed.) The origins of human social relations. London. Academic Press.

Space Invaders - aliens or allies : Conscious and unconscious conflicts around conception and childbearing

by Prof. Joan Raphael-Leff, Royal Women's Hospital, Melbourne 25.6.96

Chair : Dr. Campbell Paul

This was the first time that the Australian Association of Infant Mental Health(Victoria) in association with the Melbourne Institute for Psychoanalysis and the Royal Australian College of Obstetricians and Gynaecologists had put on such a meeting, and it had to be moved to a larger lecture hall because of the interest shown (about 150 attended). There were a number of obstetricians present, who contributed vigorously to the discussion, and reports suggest that generally it was felt to be beneficial to bring together a number of professionals working in closely related fields.

Suggestions that came up in the discussion were
1. a pilot study of obstetricians to ascertain if there is interest in closer contact with infant mental health professionals
2. consideration of ways to increase opportunities of working with a mother experiencing difficulty over pregnancy and delivery when there is a very limited window of time and additionally mothers may be reluctant to go for counselling if it cannot be arranged immediately
3. debriefing opportunities for obstetricians after difficult decisions.

Joan Raphael-Leff is a social psychologist and psychoanalyst from the United Kingdom, specialising in reproductive issues and in her talk she explored some powerful conflicts around childbearing and infertility. She also discussed how the baby came to be represented in the mother's mind.

The central theme was how alien the different aspects of the experience may be for the couple, ranging from the alien idea of conception for one or both partners to anxieties about invasion of mental or bodily space by an alien, be it the foetus or baby to come as intruder in their relationship. Raphael-Leff quoted case material where one woman trying to become pregnant said,

"Pregnancy is revolting and it frightens me to imagine an alien growing inside me; the idea of a baby feels quite unbearable - having my body and my life invaded and being forced to spend time stuck in my own home with a creature I can't converse with fills me with horror." Raphael-Leff talked of how the new reproductive technologies can seem like alien interventions whereby we now can have babies without sex . Intimacy of the reproductive act between two people is invaded by another alien, the doctor or the whole team of strangers who are party to their private sex-life.

Early on Raphael-Leff cautioned that, with refinement of diagnostic techniques, the incidence of unexplained infertility has dropped sharply from around 60% to 28%, and what was once attributed to psychosomatic defences reflecting unconscious factors such as hatred, envy, and inability to identify with the capacities of the fertile mother, can now be ascribed physiological causes. We have also become more aware of the complex interplay of contributory factors psychosocial, biological and environmental. Nevertheless therapists still find that psychoanalytic psychotherapy can be extremely effective in reducing emotional conflicts inhibiting conception.

Raphael-Leff then focussed on the emotional impact of infertility and how once the diagnosis is made, the person finds their most basic self-esteem and their sense of identity threatened. Their own parents may unconsciously be blamed as they face what they feel is genetic extinction.

In discussing some controversies of the new reproductive technologies Raphael-Leff said that increased choice may result in surprising events. Following years of fertility treatment, once a woman conceives, now that she has 'proof' of her fecundity, she may, to the bewilderment of those treating her, decide to terminate the pregnancy. Or, couples undergoing fertility treatment may, humiliated by their dependence, actually put themselves back on contraception to regain a sense of control over their own lives. People who have been involuntarily childless into their 40s suddenly bualk at finding they have a multiple pregnancy and selective fetocide may be employed, and /or severe postnatal depression may follow.

New ethical issues arise about entitlement to assisted conception, implications for concepts of kinship, research on embryos, fetal rights and acceptable levels of congenital abnormality. New psychological queries also arise about the long term effects of ante natal decisions - what, for instance might be the emotional effects of selective abortion due to discordant anomalies in twins, on the remaining twin and the mother-child relationship? Raphael-Leff suggested that the new reproductive technologies seem to resuscitate the wildest unconscious phantasies, while rational cognition lags very much behind. The

struggle with these interventions comes on top of the confusion of prolonged infertility and the impact of the failures and the fertility treatment may infuse every aspect of life, intrapsychic, interpersonal, psychosexual and occupational. Psychotherapy or counselling seems to be not a luxury but a vital necessity in providing a safe space to deal with the effect of infertility on the sense of generative identity of each individual and the resources of the parental couple.

For women who have been sexually abused, Raphael-Leff has found that even in the absence of fertility problems, pregnancy can be terrifying - having another growing in an internal space which the pregnant woman may feel is dangerously contaminated or conversely, having an invasive alien contaminating the only internal space that has been kept 'private' and clean. Persecution by bodily changes and genital examinations during pregnancy, or feeling gripped by painful forces during childbirth, may trigger recall in a woman who has expressed an experience of abuse.

The final concept Raphael-Leff discussed was that of preconceptive ambivalence. Not only assisted conception, but childbearing itself may seem alien and dangerous to some women. The idea of 'an other' growing inside her, living under her skin can be very frightening. When that woman's sense of her own self is shaky, the baby may be regarded as an alien who has come into being inside her.

Raphael-Leff concluded by saying that given that each womb serves as a receptacle for the expectant parent's unconscious fantasies, anxieties, hopes and desires, there can be no escaping these for the duration of the pregnancy; rather it is a question of the balance of these and how they are resolved for each individual mother.

Reported by Francis Thomson Salo

Trauma, Memory & Development: Clinical Implications

This reference list is provided by Dr Mary Sue Moore and reflects the focus of her presentations at the AAIMH National Conference in Melbourne in December 1997. In view of the large demand for reprints of the list it seemed sensible to place it in the newsletter.

Bowlby, J. (1988) On knowing what one is not supposed to know and feeling what one is not supposed to feel. In A Secure Base. London: Basic Books

Cohen, & Squire,L. (1980). Preserved learning and retention of pattern-analyzing skill in amnesia: Dissociation of knowing how and knowing that. Science, 210: 207-209.

Conway, A. (1994) Trance-Formations of Abuse. In V. Sinason (Ed) Treating Survivors of Satanic Ritual Abuse. London: Routledge

Edelman, G.M. (1987) Neural Darwinism: Theory of Neuronal Group Selection. NY: Basic Books

Emde, R., Biringen, Z., Clyman, R. & Oppenheim, D. (1991) The Moral Self of Infancy: Affective Core and Procedural Knowledge. Developmental Review, 11: 251-270.

Fish-Murray, C., Koby, E., & van der Kolk, B. (1987) Evolving Ideas: The Effect of Abuse on Children's Thought. In In B. van der Kolk (Ed.) Psychological Trauma, pp.89-110.

Fox, N., Calkins, S. & Bell, M.A. (1994) Neural Plasticity and Development in the First Two Years of Life: Evidence from Cognitive and Socioemotional Domains of Research. Development and Psychopathology, 6: 677-

Gaensbauer, E. (1994). Memories of Trauma in Infancy. A paper given at Vail, CO, Jan. 1993. Colorado Psychiatric Society Conference on Post-Traumatic Stress Disorder.

Gollin, E.S. (1966) An organism-oriented concept of development. Presented at APA Mtg.

Gollin, E.S. (1984) Early experience and developmental plasticity. Annals of Child Development (1): 239-261.

Grigsby, J. (1991) Combat Rush: Phenomenology of central and autonomic arousal among war veterans with PTSD. Psychotherapy, 28(2): 354-363.

Grigsby J, Hartlaub GH: (1994) Procedural learning and the development and stability of character. Perceptual and Motor Skills, 79, 355-370.

Grigsby, J. & Schneiders, J. (1991) Neuroscience, Modularity & Personality Theory: Conceptual Foundations of a Model of Complex Human Functioning. Psychiatry, 54: 21-38

Grigsby, J.,Schneiders, J.& Kaye, K. (1991) Reality Testing, the Self and the Brain as Modular Distributed Systems. Psychiatry, 54: : 39-54.

Gur, R. (1995) Gender differences in brain processing (approx title). Science.

Hamilton, V. (1985) John Bowlby: An Ethological Basis for Psychoanalysis. In J. Reppen (Ed.) Beyond Freud: A Study of Modern Psychoanalytic Theorists. NJ: Analytic Press, pp. 1-28

Hartman, C. & Burgess, A. (1993) Information processing of trauma. Child Abuse & Neglect, 17, 47-58.

Herman, J. L. (1992) Trauma & Recovery. NY: Basic Books

Herman, J. & Harvey, M. (1993) The False Memory Debate: Social Science or Social Backlash? In the Harvard Health Letter, pp 4-6.

Janoff-Bulman, R. (1985) The aftermath of victimization: Rebuilding shattered assumptions. In C.R. Figley, (Ed.) Trauma and it's Wake.

Marris, P. (1974, 1991) Loss and Change. London: Routledge

Mishkin, M. (1992) Cerebral Memory Circuits. In T.A.Poggio & D.A. Glaser (Eds.) Exploring Brain Functons: Models in Neuroscience, NY:J Wiley & Sons, pp 113-125.

Miskin, M. & Appenzeller, T. (1987) The anatomy of memory. Scientific American (Offprints #1582), Vol. 256(6):80-89.

Moore, M.S. (1990). Understanding children's drawings: Developmental and emotional indicators in childrenís human figure drawings. Journal of Educational Therapy, 3 (2), 35-47.

_____ (1991). Dreams and drawings after trauma. Poster presented at Developmental Psychobiology Research Group meeting, May. Estes Park, Colorado.

_____ (1994) Common characteristics in the human figure drawings of ritually abused children & adults. In Treating Survivors of Ritual Abuse, V. Sinason (Ed). London: Routledge

_____ (1994) Reflections of Self: Drawings of children with physical Illness. In The Imaginative Body: Psychodynamic Therapy in Health Care, A.Erskine & D. Judd, (Eds). London: Whurr Publications

_____(1996) How Can We Remember But Be Unable to Recall? The Complex Functions of Multi-modular Memory. In V. Sinason, (Ed.) Memory in Dispute. London: Karnac Books

O'Grady, R. & Brooks, D. (1988) Teleology and biology. In B.H.Weber, D.J. Depew & J.D. Smith (Eds.) Entropy, Information & Evolution: New Perspectives on Physical and Biological Evolution. Cambridge, MA: MIT Press

Parkes, C.M. (1982) Attachment and the prevention of Mental Disorders. In C.M. Parkes and J.Stevenson-Hinde (Eds.) The Place of Attachment in Human Behavior. NY: Basic Books

Perry, B. (1993) Neurodevelopment and the neurophysiology of Trauma I & II. The Advisor, Journal of the American Professional Society on the Abuse of Children, Vol. 6(1&2).

Perry, B., Pollard, R., Blakley, T., Baker, W. & Vigilante, D. (1995) Childhood Trauma, the Neurobiology of Adaptation, and "Use-dependent" Development of the Brain: How "States" Become "Traits". Infant Mental Health Journal, 16(4):271-

Pynoos, R., Steinberg, A. & Wraith, R. (in press) A developmental model of childhood traumatic stress. In D. Cicchetti & D. Cohen (Eds) Manual of Developmental Psychopathology. NY: Wiley

Schacter, D. (1992) Priming and multiple memory systems: Perceptual mechanisms of implicit memory. Journal of Cognitive Neuroscience,4(3), 244-256.

Seligman, M. (1975) Learned Helplessness. SF: Freeman

Sgroi, S. (1982) Handbook of Clinical Intervention in Child Sexual Abuse. Toronto: Lexington Books

Slavin, M. (1990) The Dual Meaning of Repression and the Adaptive Design of the Human Psyche. Journal of the American Academy of Psychoanalysis, 18(2):307-341.

Squire, L. (1992) Declarative and Nondeclarative Memory: Multiple Brain Systems Supporting Learning and Memory. Journal of Cognitive Neuroscience, 4 (3): 232-243.

Terr, L. (1988). What happens to early memories of Trauma? A study of twenty children under age five at the time of documented traumatic events. Journal of the American Academy of Child and Adolescent Psychiatry, 27(1), 96-104.

_____ (1990) Too scared to cry: Psychic trauma in childhood. NY: Harper & Row

_____ (1994) Unchained Memories. NY: Harper & Row

Trevarthen, C. (1979) The tasks of consciousness: How could the brain do them? In Brain & Mind, Ciba Foundation Series 69. Excerpta Medica (Elsevier North-Holland)

van der Kolk, B. & Greenberg, M. (1987) The psychobiology of the trauma response: Hyperarousal, constriction, and addiction to traumatic reexposure. In B. van der Kolk (Ed.) Psychological Trauma,pp.63-87.

Williams, L.M. (1992) Adult memories of childhood abuse: Preliminary findings from a longitudinal study. The Advisor, Journal of the American Professional Society on the Abuse of Children, Vol. 5(3): 19-21.

FORTHCOMING MEETINGS

THE AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH

ANNUAL CLINICAL MEETING, ADELAIDE, SA

Friday 24, Saturday 25 & Sunday 26 October 1997

Plus Workshops Sunday 26 (afternoon) & Monday 27 October 1997

Theme : EARLY RELATIONSHIPS : FROM RESEARCH TO PRACTICE

International Speakers include :

Dr Martinus van Ijzendoorn - Holland

Martha Erikson - STEEP project in Minnesota

Hisako Watanabe - Tokyo, Japan.

For details contact :

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Dr Elizabeth Puddy
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There will be a call for Poster Presentations shortly

Brochures for the conference will be forwarded shortly

MARCE SOCIETY AUSTRALASIAN BRANCH

First Conference

27 & 28 June 1997

Queensland University of Technology, Brisbane, Queensland

Conference Convenor:
Dr Tom George
Telephone (07) 3350 8452 or
Fax (07) 3350 8614

Information - Please Contact:
Ms Susan Day
Marce Society Conference
Wyeth Clinical Meetings Service
PO Box 148,
Parramatta NSW 2124.
Tel: (02) 9843 7503
Fax: (02) 9687 2501

The Marce Society is an international (non-profit) body of clinicians, researchers and others interested in promoting the understanding, prevention and treatment of mental illness related to childbearing.

The Australasian Branch of the Marce Society will be holding its first national conference on June 27-28 1997 in Brisbane, Queensland. A number of topics associated with perinatal psychiatry including Postnatal Depression will be presented and the conference will also include addresses by two invited keynote speakers, Professor Michael O'Hara and Dr Barbara Parry, from the USA. The meeting will be open to a large section of health professionals including adult and child psychiatrists, general practitioners, paediatricians, neonatal and child health nurses, midwives, obstetricians, allied health staff and community / support groups involved in this area.

EDITOR

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