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FROM THE EDITOR

After much delay this edition finally arrives on your desk. The big news is that Sarah Jones has joined me as co-editor bringing bright ideas and a second pair of hands.

This edition begins with a report of Juliet Hopkin's paper "The Dangers and Deprivations of too Good Mothering" delivered at the Melbourne National Conference in December 1996. Following this is an in depth review of 2 books on child care from Sarah Jones. Child care is an important issue for our community, and for infant mental health, and we hope this article will stimulate further discussion in the Newsletter over coming editions.

Then two new sections for the newsletter. Firstly a column by Regional Vice President for WAIMH, Campbell Paul, which we hope will become a regular feature. Secondly a 'State Round Up' bringing us news from each state branch. This will also be a regular feature adding a more national feel to the newsletter. Each state has a correspondent who will encourage contributions from their local members.

Lastly do not forget Adelaide and the National Conference in October. Elizabeth Puddy writes giving us details of what to expect.

Paul Robertson & Sarah Jones

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THE DANGERS AND DEPRIVATIONS OF TOO GOOD MOTHERING[1]

This report is of the DW Winnicott Memorial Lecture given by Juliet Hopkins on Sunday 8 December 1996 at the Australian Association of Infant Mental Health National Conference at Melbourne University.

What happens to infants when the parents idealise the baby and their tasks as parents? Does this inevitably result in a particular type of spoiling? What happens when a baby gets too much of a good thing?

Despite being a Sunday morning just before Christmas many attended the Old Pathology building at Melbourne University to hear Juliet Hopkins speak on this provocative idea at the AAIMH National Conference. It crossed my mind how many of the therapists in the audience, who where parents, were wondering if they had fallen inadvertently into this category at some stage. After all this was an infant mental health conference and the therapists present must to some degree be pretty interested in infants, here we were challenged with the idea about getting it right but not to right!

Juliet reminded us that Winnicott recognised the danger of too good mothering, that is, of a mother who remains too well adapted to her infant's needs beyond the first few months. Winnicott saw two possible lines of development open to such an infant - (i) a permanent state of merger with mother or (ii) total rejection of the mother.

Current research assumes the more sensitive, contingent and emotionally available a mother is the better for the infant. However, Juliet argued, that the benefits of conflict, frustration, anger and hate have largely been ignored. In her words,

> "According to Winnicott, it is the mother's task to disillusion the baby gradually, so that he distinguishes the 'not me' from the 'me' and recognises his dependence upon her. This is the task which Winnicott believes the too-responsive

[1] This paper has been published in Journal of Child Psychotherapy Vol. 22 No. 3 1996: 407-422.

mother fails to perform".

In describing the 'too good mother' Juliet again borrowing from Winnicott said that she was,

> " (one who) finds infant care extremely gratifying, She is too closely identified with her infant that, in sensitively meeting his needs, she feels she is meeting her own. She remains in a persisting state of primary maternal preoccupation."

In contrast,

> "the ordinary devoted mother can hate her infant. Her love contains elements of conscious resentment, experienced as "a drat the kid element" ... she is not afraid at times to allow him sufficient frustration to hate her.".

Juliet went on to describe an eighteen month infant observation she had conducted many years earlier. At the time she had been impressed with this mother and her infant, observing a harmonious and close relationship, a mother in touch and appropriate. Juliet had the opportunity to meet them at a chance follow up years later and discovered that the relationship had broken down. In retrospect and with the benefit of further experience Juliet felt this mother had indeed been a 'too good mother'. Juliet then went on to describe Mrs L and her daughter, Louise. Juliet's eventual conclusion was that she appeared to follow Winicott's second clinical outcome of an infant who resorted to a rejection of her mother.

Juliet first met Louise and her mother at six days postpartum. She found a contented, responsive baby and a blissfully happy mother. Louise was never left to cry. Mother was alertly sensitive to Louise's needs. Mrs L appeared to have made a maximal adaption to her baby. Such an adaption would seem helpful in the initial months.

The first requirement for a change in maternal adaption comes at 3 or 4 months when the baby initiates moves towards independence - at times resisting close body contact, straining away from mother's body or asking to be put down. Babies increasingly look towards the outside world. In Winnicott's view these are the first steps towards autonomy and signify the end of the period of merging . In his words,

> "As soon as mother and infant are separate, from the infant's point of view, then it will be noted that the mother tends to change in her attitude. It is as if she now realises that the infant ... has a new capacity, that of giving a signal so that she can be guided towards meeting the infant's needs."[2]

The ordinary devoted mother begins to allow her baby space to signal his or her needs.

Louise was observed to ask to be put down at 15 weeks. In commenting about interactions around Louise's moves towards independence Juliet said,

> "Louise led and mother followed. Mother allowed Louise to play alone in her presence, but she always remained alert for the smallest sign that Louise wanted to resume contact with her and was immediately responsive. In other words, she showed no change in her attitude and continued to be as empathetic and adapted as before. She seemed to want Louise's life to be an idyll in which there should be no room for conflict, dissatisfaction or anger."

With some reluctance Mrs L introduced solids and a beaker of juice at 5 and 6 months. Unexpectedly Louise weaned herself from mother's breast leaving Mrs L devastated. Juliet wondered if the self-weaning introduced a needed dyssynchrony and conflict in the relationship between mother and infant. She suggested it was an indication that Louise's response would not be passive merger but rather rejection.

Juliet drew a comparison between Louise, at 50 weeks, and Janet, a similar aged girl also seen in infant observation, as to how they responded to a brief everyday separation from their mothers. Janet was mothered by a 'a good enough mother'. Louise's response to her mother's return lacked vigour and delight. She showed a high degree of passivity in waiting for mother's initiative to pick her up and re-establish the relationship. In contrast Janet was active and positive towards her returning mother and displayed greater initiative in reconnecting with her mother. Louise, unlike Janet, was seen as not having begun to show affection. Mrs L's mothering could be seen as, "not leaving enough space for Louise to discover her own wish to give. Louise took her mother for granted." Janet also observed her mother's face more closely than Louise observed Mrs L's face.

Juliet concluded,

> "Mrs L's continual availability must have deprived Louise of discovering how to gain and hold her mother's attention by positive means, such as smiles, charm, humour and affection. She had been deprived both of the opportunity to discover, develop and act on positive feelings of desire and longing."

She quoted Demos,

> "... that a baby who is comforted at once has no chance to become aware of what has upset her, or of the intention and desire to mend it, and no means to discover how to put it right. As long as negative experiences are not so overwhelming that they lead to disintegration and despair, they enable the infant to discover that she can endure them and attempt an active mastery of the situation; she learns that persistence may be rewarded "[3] .

In her second year Louise began to exhibit a paranoid

2 In The Maturational Processes and the Facilitating Environment

3 From Demos, V. (1986) 'Crying in early infancy'. In Brazelton, T.B. and Yogman, M.W. (eds) Affective Development in Infancy. Norwood, NJ: Ablex.

attitude, especially towards her mother, indicating her high expectation of pardon from frustration and difficulty integrating aggression. Juliet summarising Balint said,

> "Enid Balint has described how a paranoid attitude can develop in children like Louise, who are reared on a theory that only their own needs matter, that children create the laws and mothers' have to obey them. According to this theory any increase in tension is felt as an injustice and therefore an attack on the individual by the world and intolerable."[4] .

Juliet also stated,

> " .. a mother who provides no easily justifiable reason for her child to hate her, must make it hard for the child to take responsibility for doing so and to focus hate where it belongs."

This contrasted with Janet who by 18 months had discovered how to annoy, appease and make amends. Janet showed evidence of empathy and concern.

Juliet's observation of Louise ended at 18 months but she was given the opportunity of a visit at 6 years. This confirmed that Louise had taken Winnicott's course of rejecting the mother - "in defining a separate sense of self through opposition and hatred". Her opposition and negativity had escalated following the birth of a sister when she was almost 3 years of age.

In discussing the development of the capacity for concern Juliet noted that for Louise it had not emerged through identification with her mother's concern alone. Something more was needed. Winnicott suggested that the capacity for concern arises in the two person relationship,

> ".. if the child has adequate opportunities for giving and for making reparation, this guilt becomes modified and can be expressed as concern: as long as the possibility for reparation remains available, the guilt is not felt.".

On reflection Juliet saw Louise's development as delayed or even derailed. Yet, according to attachment theory, a baby whose mother is maximally available should develop a secure attachment. In addressing this apparent paradox she made use of the work of Tronick,

> "(He) has found another variable besides parental availability which contributes to infant security at a year old: it is the capacity of the baby for interactive repair. This is the baby's capacity, within normal playful interaction with mother, to reestablish moments of harmony and synchrony following moments of disruption and dyssynchrony. The significance of the capacity for interactive repair in contributing to security is that it widens the relevance of infant experience to include the mastery of negative feelings which occur in ordinary dyssynchronous interactions with the mother. The overly attuned mother, with too much need to repair dyssynchrony herself, could partially stifle her infant's capacity for interactive repair and so compromise her infant's security."[5]

Lastly Juliet commented on the alternative outcome of continuing merger with the mother and what factors may determine whether the outcome will be rejection or merger with mother. Gender may be a relevant factor with a girl's need to achieve a separate identity from her mother leading to rejection while a boy's gender difference may give some obvious separateness while allowing continued passive psychological merger. Juliet commented that the mothers who are most likely to merge into this state with their infants, in a prolonged way, are first time mothers with their daughters. Subsequent children are less at risk because of the inevetiable intrusions of other siblings. Children who remain in such a merger are immature, slow to speak, assume their mothers' know all about them and are responsible for them beyond the appropriate age, and have trouble making friends. This arrested development serves as a defence against the rage inherent in acknowledging separateness from the mother and entry into triangular relationships,

> "Unless a break-through to self- and object-awareness occurs, a particular type of narcissistic outcome ensures: the child has been 'worse than castrated' through the failure to discover the self-agency needed for sustained pursuit of desire and for the constructive use of aggression."

In conclusion Juliet cautioned us against the unalloyed benefits of sensitive and responsive maternal care and reminded us of the need to be aware of the benefits of conflict, anger and hate in infant development. For although complete maternal adaption to an infant's needs is impoetant in the initial months,

> "From then on the mother-infant couple needs to balance the infant's experiences between satisfaction and frustration and between merger and separation. It is experiences of frustration and conflict in concert with their successful repair and resolution which are optimal for development."

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4 In Before I was I: Psychoanalysis and the Imagination

5 From Tronick, E., Cohn, J.F. and Shea, E. (1986) 'The transfer of affect between mothers and infants'. In Brazelton, T.B. and Yogman, M.W. (eds) Affective Development in Infancy, Norwood, NJ: Ablex.

A Careful Questioning of Child Care - A Review of Two Books which Contribute to the Child care Debate.

by Sarah Jones

Children need twenty-four hour care for quite a long time. It comes as a surprise to many new parents just how intensive looking after children can be. There has always been the need for some kind of sharing of this experience. It is often women caring for their child, in the presence of other women caring for theirs, or children being cared for by.others on a financial basis. There has, of course, always been 'child care'. The wet nurses nursed the children of the wealthy, nuns looked after the children of the working classes, the works of Charles Dickens are peppered with unfortunate children in the care of unfortunate adults and presumably the ayahs of India and the equivalents in other cultures are all a form of what is today, in Australia, called child care.

There have been two books published recently which attempt to question the current child care provision in our culture. Britain's Penelope Leach's book "Children First"[6] published in 1994, was the first to really analyse the social conditions which created such a demand for child care services, particularly the increase in demand for very very young children requiring institutional care. Leach offers us a penetrating depth of understanding into the world of the young child combined with a vision of what social and political conditions need to change. She manages this manifesto all without losing the reader. Australia's Sally Loane's book "Who Cares? Guilt, Hope and the Child-Care Debate"[7] , sets herself the goal of exploring "the road we have taken in Australia in our struggle to strike a balance between work and children."(p18) Loane's book primarily revisits the child care scene since the militant feminist days which equated child care with freeing women to work how and when they wanted. Loane questions assumptions women make about returning to work once a child has arrived, considers the quality of existing services and the related industrial issues.

These books and others like them need to be written. Both Leach and Loane aim for the same thing; a re-examination of child care, and how to help our society think first about what children need for optimum care, as distinct from what desperate parents will settle for. Needless to say these two authors go about this task differently.

Penelope Leach is a household name in Britain thanks to her hugely successful 1977 book "Baby and Child". Her popularity is based on her ability to write about infants, children and parents in a uniquely sensitive and useful way. She offers practical advice with an understanding of the psychodynamics of family life without resorting to jargon or theory; an unusual finding in the mountain of parenting manuals published each year. Leach's experience in the field of children is evident in her capacity to illustrate the minutiae of children's needs, interpret clinical research and describe how children are catered for in different cultures within a framework which encompasses a sociopolitical understanding. So she can argue what children need but in the same book analyse why our society is set up so they can not possibly get it.

Leach's book offers a knowledgeable critique of how our society has influenced contemporary family life through capitalism, commercialism and feminism to such an extent that the infant's needs appear to be assessed as no more or less than anyone else's. Her starting premise is that mothers and fathers are all participants in a state based on capitalism. There is separation of adults work from children's lives. The more time parents give to the world of children the less money they will have. Then there are consequences for how much tax they pay and how much money is left over for purchasing goods and services, influencing their participation in the world of consumption. This makes sense when you think of how many more services are required for working parents than for non-working or one working parents. Two cars are justified if their are two workers and more take away foods and the purchase of more child care is just one end result. Thus Leach sets this book from the beginning in a political context that she argues has far reaching consequences for infants. Feminism has contributed hugely to women's status in society but not, she feels, in how that society is organised. She is a promoter of the way the women's movement has dismantled the barriers but goes further to claim that the outcome of this is a denial of women and men's intrinsic differences. Thus people work in organisations still organised along 'masculine' lines i.e. denying that both men and women have families, look after children and require time and acceptance to do so.

Leach's book, with the modest but deceptively simple title "Children First", fulfils her goal, and offers the depth and analysis we have come to expect from one of Britain's better exports. A description of what professionals call 'primary maternal preoccupation' occurs early on in the book drawing us into an understanding of how important the earliest months of life are to the developing child, and ultimately to the development of society (p. 39). Nowhere else have I read a baby's eye view of feeding through the night and why "free-feeding" (as opposed to the more negative sounding "demand feeding" p.59) should be supported and promoted rather than controlled and tolerated. The strength of this book is how beautifully she manages to entice the reader into the world of the

[6] **Children First** by Penelope Leach, Penguin Books, London 1994, 265 pages, $14.95

[7] **Who Cares? Guilt, Hope and the Child Care Debate** by Sally Loane, Mandarin Australia, Kew. 1997, 337 pages, $15.95

infant, and what an infant feels if the handling is managed well and what she may feel if not, e.g.. "most babies will try to keep a beloved adult with them all the time... all babies are physically helpless but the babies who feel damagingly helpless in the longer term are the ones who cannot trust their special adults to be there and respond to them".

Leach's informed style differentiates the needs of the infants, toddlers and the older children about which she is writing. She is able to distinguish and describe the requirements of a three month old from a toddler. Some of the book has a bias for the younger child being cared for predominantly by parent, which is why it received such condemnation when it was first published. She argues for more family day care provision suggesting that these domestic settings for young infants most approximates a caring family. She does not sentimentalise the home for young mothers, and her thesis is not a return to 'traditional values' of women at home and men in the work force, nor is it only about young children, school education and the sidence of children who experience family violence are also discussed. Leach promotes the notion of creating less isolated communities, and a change in the social context so that children's needs and parents' roles are given priority. There are some feasible suggestions as to how this may occur.

Loane tries to offer us an Australian version of the debate. The terrain she sets herself to map is far smaller than Leach and thus the book should be read in that context. Her concern is the current trend for parents to assume that they must return to work what ever the cost is for themselves or their children. She declares that the work-children juggle is now almost an unquestioned assumption for most parents. Maybe it was time to put forward the view that parenting, despite all the work, drudgery and financial implications, can be one of the greatest joys in life. If this was more part of the equation maybe parents ight opt for other choices. She covers the 'return to work quick' trend, the research on the impact of child care on children (pros and cons, juries-still-out summary), work based child care, quality and the available options. There is a very interesting description of the business of child care, (and how government subsidies made it possible for the Business Review Weekly in 1994 to declare child-care centres to be one of the top ten hottest business sectors, with an estimated growth of 15.7 % over the next five years) and the profit motive emphasis. The book concludes with questioning what kinds of services are provided, with chapters like "Leave it to the privates" as contrasted with "The incredible shrinking community sector" (p278). There is a discussion on family day care, nannies and grand parents which juxtaposes sprinklings of research findings along side too many anecdotal stories of mothers' experiences of selecting and consuming child care services.

However Loane's book is primarily voicing a response to the middle class mother who is fearful that there will be nothing to show for her hard earned place on the career path should she dare take time off. There are references to the working class mother, who through economic necessity rather than real choice finds herself leaving the children in care, but on the whole this book has a very middle class bias. The middle class woman who has become a parent, Loane observes, is confronted by the dilemma of professional back water status if she stays at home or the high stress work/home status for combining both. There are few brownie points, she acknowledges, for the woman who adopts the 'traditional' choice and lots of points if she appears to be managing both. Child care then becomes an urgent and vital necessity, not one that we are invited to consider according to our means or interests but a service required so that working parents can achieve and function like they were prior to becoming parents, captured in her tongue in cheek heading 'The Seamless Art of Having a Baby'(p22).

Loane's book reads a bit like a long Sunday Age article, it is a quick paced, sentimental and personalised. This journalese style might be attractive to some who want a taste of the debate on a local and digestible plate, annoying for others who want a more serious analysis. Loane's book is ideal for the parent who wants to consider these issues in a contemporary Australian context and is not looking for the breadth of scope Leach offers.

Loane needs to be taken to task for describing John Bowlby as an American psychoanalyst and misquoting him by implying he emphasised the biological mother-child relationship and not acknowledging that Bowlby's work emphasised the person to whom the child becomes attached rather than exclusively the natural mother. She shows her ignorance of the psychological mechanisms at play underpinning separation anxiety asking who says a protest is to be expected when a parent leaves a child(p.167). Unfortunately the stories she offers as evidence for her arguments mostly do not give the ages of the children concerned. This suggests limited understanding of the importance of the developmental stages in children's capacities to tolerate child care experience. Thus we have no idea, on the whole, whether the children described are infants or about to start school.

Loane has done the leg work when it comes to the local scene, she can articulate the impact accreditation has had on child care centres, but knows that some centres improved as a result and others returned to their less than ideal habits not long afterwards. She examines the concept of good quality care and reduces it to three core items; staff, environment and parents(p. 135). The most important measurement is that there should be high ratios of well trained staff to children. She discusses the difficulties that are inherent in a system which combines low pay with low status. This then creates a problem of attracting employees who may have limited suitability given the profoundly important

tasks required of them. Loane makes some sweeping statements like "I am proud that we have an equitable child-care system in this country" and on the same page one reads "More than half our long day care centres don't even make the grade to good quality"(p212).

Loane's book suffers from the male voice being almost entirely absent. Here I guess is the greatest problem with the book, the implication that it is women who must question their need for the career fast track, and its women who must make the choice about what services they want. The implication is that it is women who are the ones who parent their children and must juggle with the dual demands of work and kids. Leach on the other hand is more radical in her approach demanding that politicians, policy makers and parents all have a mandate to effect change. Leach strongly promotes the notion of more part time work, less division of work and children and maximising the potential for local businesses and profiting from the impact the technological age of telecommunications is having on the work place. The cry to take up this credo is not a shout to the women of the world, but for all of us to consider what our society can do and how it could benefit by putting children first.

As I was reading these books I read that in Melbourne only 32% of infants are mainly breasted at one month (The Age, 27/6/97). Then 'The Sunday Age', in their special supplement on child care, ran an advertisement from a company offering guidance on "parenting from a distance" (29/6/97). There will always be parents who need child care and there are many parents who have little choice about working less or working conditions which afford them more time with their children. It would be naive and arrogant of these authors to imply that it is easy to change our society to one which places more emphasis on the needs of children and their families; and they do not. The voices of Leach and Loane should not be left as cries in the dark but compulsory reading for all politicians, policy makers and parents.

The Critically Ill or Dying Infant : Sharing the Pain

Report of talk by Louisa Ramadu AAIMH(Vic) Scientific Meeting 25.9.96

This is a summary of Louisa's talk which was a personal recollection of 20 years in neonatal/paediatric nursing. Louisa has had many years experience as a nurse and nurse educator in the Neonatal Unit at the Royal Children's Hospital

She has found Kubler Ross's description of the stages of mourning very helpful. The following are some points which Louisa has found important -

. To have honesty. This makes it an open and positive process rather than just saying to the parents, 'Your baby has died,' and leads to focusing on things like a beautiful smile. You can say to the parents, "It would have been painful, it is painful, he is suffering but we can do something to make a difference." Parents ask, 'Is there a God?' and many re-examine their own spirituality, and ask 'Why is this happening?' Over the years Louisa has come to say, 'I don't know why, I wish I knew' but she can help facilitate the mourning process by bringing in chaplains, pastors etc.

. To have a great respect for cultural beliefs and to feel at ease with death. She shared with us her own cultural background where there was more familiarity with death, and bereavement was seen as a passage through life, and how as an adolescent she dismissed the rituals to do with death but had come to see that they are important. There needs to be room to cry and shout. One has also to be prepared for one's own death. With sudden death it is much more difficult, than with a death that is expected, to support and prepare famili to work with their dying infant.

. To have confidence in nursing; it takes a lot of clinical skill to pick up the infant's cues.

. To promote nurse advocacy e.g. being able to say to doctors, 'The infant is in pain, he's suffering, the family need privacy and to be alone. Can you leave?'

. To provide role models for nurses. The silences are the hardest. This is not easy for a nurse. Preparing someone for death is at times about being silent (and sometimes not being there). An observer may think that there is no interaction going on whereas there is a silent one which is all that there needs to be.

The Infant in Hospital

Parents' responses. They feel disempowered if they have 'lost' or 'given away' their infant - breast milk is about the only connection and because of the stress a considerable number of mothers have difficulty breas feeding. Their child is in the public spotlight and 'belongs' to someone else. The baby is dependent for food and warmth on external things. Parents wonder, 'Will he look much nicer when the tube is out?' Parents need to be told the truth that their baby may not make it. Louisa showed a slide of parents sitting beside their infant, to illustrate possible differences in the parents' reactions. The mother looked very involved with her infant while the father looked more weighed down, as if he had got a whole life to organise. It was as if they were looking at a different picture - the mother at a living baby, the father at a dying one. Louisa said that generally fathers react very differently to mothers when someone is dying because they are so involved in organising the practical things and the loss hits them 6 months down the track when they fall in a heap. Mothers describe an ache in their arms but fathers don't. She thought that there would now be less differences in how mothers and fathers attach to their infants, although fathers would often focus on the

monitors etc as a coping mechanism. They would ask, 'How's the baby - what's that sound?' Once they are told, they can refocus on the baby. The fathers' dual trauma was acknowledged, that sometimes they may nearly have lost their wife as well. Louisa thought fathers often feel guilty when they say, 'At least my partner is fine', and are asking for reassurance about having put their partners before the baby that is dying, and she gives it. She also says it is is OK to cry despite it being in the public eye, with many people present, lights , noises etc.

She said that the nurses are not just the treatment-based doers caring for the child, but for the whole family unit and the left-out sibling. The nurses learn to support one another and to share the hard times. The care giver goes through the same stages as the parents e.g. denial; anger; bargaining and trying to take the blame - 'I've worked so hard , don't do this to the parents'; depression, and so on. She said you learn not to take it home or bottle it up without sharing it.

Supporting the family

Preparation It is important to ask the families once they are told the infant is dying, if there are any special things they would like to do with their babies e.g. baptism. She prepares them for what the baby will look like when dead, cold and "still" and that they will not be able to move her fingers. She will help organise bereavement photos which are provided as a hospital service, and these are taken with respect and skill. The parents may want a video, to just to cuddle and bath the baby. Or they may want footprints, or a lock of hair. It is important to ask if cultural beliefs match what the nurses are doing. e.g. photos may not be allowed.

Creating as private an atmosphere as possible The mother may say, 'I want to sleep with my baby' or 'to wheel her in a pram' etc. Louisa tries to give them a sense of the baby being their baby. Some parents want to take the dying baby home for part of the day and night, e.g. to the nursery they had prepared for their baby. Sometimes parents drive several hours to a country town because of the wish to have taken the baby home. Sometimes babies may take 2-3 weeks to die and they may look emaciated, dry, shrivelled and this is tough on the care giver as well as the parents. She feels there should be acknowledgement of the child's living even if it is only for 1 hour and she has come to feel that it is appropriate to accommodate what may sound an unusual request.

She thinks nurses get into difficulty when they cannot debrief with the family because the family are debriefing by themselves, and that our culture is not ready to bring the two together. If a nurse is nursing a dying child the staff try to reduce her clinical load, allow time to attend the funeral etc.

Discussion

Asked about when does the baby's individuality come through Louisa thought it could be there in the way they respond to touch which they may have come to respond to as aversive. Sometimes with a sound, the baby jumps, startled, as if 'they're going to do something horrible to me.' She said that some babies do stand out as individuals. Using the baby's name is helpful.

There is now a lot done to lessen the noxiousness of stimuli in the neonatal unit at the Royal Children's Hospital e.g, the sound of the monitors is turned off (but the alarm is kept on). Quiet time has been introduced - no one touches the infant unless the parents are engaged in kangaroo care, or the mother is nursing; there is no activity or noise. They also darken the room. Louisa mentioned the therapeutic value of touch eg massage. She tells parents their touch is nicer than that of others. And touch is the most important thing for the infants, as it is sometimes for the parents at times of stress. The nurses may keep a journal of the infant's experiences e.g. 'They removed my tube and it was awfully painful' and the parents welcome the journal. (If the infants stay about 3 months, there may be play therapy from hospital staff.)

As to whether nurses talk in the same way to both parents or say something to one and not to the other, Louisa thought it depended on the care giver. "Initially the baby is the forethought and the parents the afterthought - because of the need for the nurse to assess and observe the baby. It takes years of experience to integrate, to talk to the parents at the same time as caring for the baby." She thought the view that nurses should not form an attachment to the infant was avoiding the issue. Her attitude is that she is "Aunt Louisa - I've put myself in place of the aunt. I've made an attachment." She thought it was OK to be attached if the family is the primary focus and we are not doing it for ourselves. The attempt to introduce primary nursing 5 years ago collapsed because of not supporting the nurses. Strategies to support them had not been put in place and it was hard being the primary nurse, and part of the team and working with families for a long time. There has in past years been a lot of exclusion of fathers by midwives and while there has been a switch to family-centred care it will take another few years to fully implement.

About whether she thought some babies 'fight' to the death and some not, Louisa talked first of how we do not always know whether they are distressed because they are oxygen-deprived or because of the pain, and that we have got better at giving pain relief. Some babies do want to hang on and we can make it easier for the babies but not for the parents. There is a difference between the infants who give up compared with the infants who withdraw e.g. close their eyes when you come near. Asked how early is the infant responsive to the mother's sadness, or depressed in their own right, she was not sure, and in a discussion about what is the infant's experience of death, and whether they know, some in the audience thought some infants might.

Reported by Francis Thomson-Salo

- FROM THE DESK -

COMMENT FROM DR CAMPBELL PAUL WAIMH REGIONAL VICE PRESIDENT

All AAIMH members will be aware that our work in Infant Mental Health continues to develop and expand in new and interesting direction. We will all look forward to hearing more of both local and overseas developments at the forthcoming National Conference in Adelaide in October this year. You should all have received information and Dr Puddy provides more details about the Conference elsewhere in this Newsletter. I would urge all those interested in the needs of very young children to make their way to this exciting Conference in Adelaide. It follows on the very successful meeting that was held in Melbourne in December last year. Some further presentations from this conference are also included in this Newsletter.

Those working in the field of Infant Mental Health made a significant contribution to the recent Royal Australian New Zealand College of Psychiatry Annual Congress and Sydney. Papers were presented addressing many areas of Infant and Perinatal Psychiatry and there was an important discussion about the further development between those working predominantly with Infant Mental Health and those who address the needs of parents in the post-partum period. There have been suggestions of more overlapping conferences as occurred in Sydney when the Marce Society met in a time adjacent to that of precific Rim Regional Conference.

There was a very successful meeting of the Marce Society in June and Brisbane this year and we hope to have more details from this Conference in the next Newsletter.

I know that there have been vigorous smaller local meetings in each of the states and this high level of activity makes me aware of the importance of the task in developing a new national organisation. Planning is already underway and there will be more decisions to made at the National Conference in Adelaide.

We are constantly on the lookout for interesting clinicians and researchers who can enrich our work here. I would be very pleased to receive any suggestions as to who might be invited as would the local committees in each state. AAIMH made an important submission to the human rights and equal opportunity commission National Inquiry into separation of Aboriginal and Torres Strait Islander children from their families. The report of this inquiry is now released and is an extremely important document that has generated much discussion. In addition to this excellent submission, individual AAIMH members spoke to the inquiry and have the potential for an important role in helping Aboriginal children and families as well as the broader community, acknowledge the impact of the white occupation of Australia.

Your organisation does present an important vehicle for lobbying and advocating for the real needs of infants and their family.

The World Association for Infant Mental Health is active in other regions in trying to identify the needs of infants and foster improvement in service delivery and training as well as direct clinical skills of infant mental health professionals. Ideas from our members about how to foster a healthy international exchange of ideas in between the World Congresses will be very welcome. Incidentaly, the WAIMH Executive is canvassing opinion about the possibility of having The World Congress of WAIMH each 2 years rather than each 4 years. Hiram Fitzgerald will be pleased to hear your views.

I look forward to meeting many of you in Adelaide in October.

Dr Campbell Paul
Regional Vice President
WAIMH

STATE NETWORK NEWS

SOUTH AUSTRALIAN

AAIMH NATIONAL CONFERENCE - ADELAIDE

Elizabeth Puddy (Conference Convener)

Come to Adelaide for the last weekend in October!

Plans are well underway for the national clinical meeting in Adelaide in October. The brochures are out and have been widely distributed. Registrations are starting to come in. We rely on our members to assist us with as much publicity as possible, so please, if you know of anyone who might be interested, write to us for more brochures or photocopy your own and pass them on. Or just send us addresses - we can check whether the information has already gone out.

Some of you may be interested to know that the Barossa Music Festival - an internationally acclaimed festival of music (mainly classical or folk) will be held in venues (such as churches, wineries) around the vineyards from October 4 -19. Phone (08)8239 1990 for more information - you need to book in good time for many of the concerts. A few days in Adelaide (perhaps attending the Child Abuse Conference - PH (08)8363 1307, Fax (08) 8363 1604), topped up with a long weekend devoted to Infant Mental Health - it could be good!

Our AAIMHI Conference in Adelaide is being held at Flinders University's award winning Law and Commerce Building, with up-to-the-minute technology available for presentations. The University is situated 11 Kms South of Adelaide on a hill which looks down to the sea - 15 minutes by car from Glenelg and approximately 20 minutes by car from the city. When we know how many people are staying where, we may be able to arrange bus transport - otherwise we suggest shared taxis. There is a limited public bus service from Adelaide to Flinders every day except Sunday. Glenelg is a very attractive and convenient place to stay (seaside suburb), but if you prefer the city or something really cheap (and perhaps a bit nostalgic) alternatives such as the Royal Adelaide Hospital are on offer! Some of you might like to experience what it was like to be a resident medical officer in times gone by - for $15 a night.

Now for the Conference itself. We have tried to follow a plan, starting with an overview of research in attachment and some theoretical input, moving on to discuss what can happen when things go awry and finishing with consideration of methods of intervention.

We would not like you to think that our inclusion of fathers is an afterthought. They have been on the agenda from the beginning, but we felt they needed a special place in the program because they have tended not to have been considered seriously in relation to attachment issues in the past. We look forward to some cross-cultural responses to the video presentation.

You can read the details of the speakers in the brochures. As a committee we have been gratified at their willingness to accept our invitation and to negotiate, quite protractedly in some cases, about the material they are to present.

Professor Van Isjendoorn has asked us to inform participants that the main activity of his workshop will be the observation and coding of videotaped Strange Situation behaviour. The workshop will provide an overview of organised and disorganised attachment and of a broad range of attachment behaviours. It is not, of course, expected to lead to proficiency in coding Strange Situations or clinical situations in terms of the ABCD classifications (this would need at least 3 weeks intensive training). Integrated with the workshop will be a description of the behavioural indicators of disorganised attachment in infancy and its sequelae in the preschool period. Meta-analysis evidence on the frequency of disorganised attachment in "normal", non clinical groups, as well as in clinical populations, will be presented and the specificity of disorganisation as a characteristic of clinical problems will be discussed in the context of work with hyperactive and autistic children.

The abstracts of his two lectures sound equally enticing. In the first, on the reflection on the role of parents, sensitivity and infant temperament in bridging the transmission gap, he will argue that the empirical evidence is still insufficient to document the causal role of temperament in the development of attachment security. Mental representations of attachment experiences and relationships begin to shape the environment at an early age. In his second lecture on attachment, emergent morality and anti-social behaviour, he will discuss "inter alia" the role of attachment relationships in the development of early precursors of morality and aggression in infancy and childhood. He will also present some findings about the role of attachment representation in the development of morality, authoritarianism and criminal behaviour in adolescence and young adulthood.

The abstracts from other speakers have not yet arrived but we have reason to believe they will be equally exciting.

We do have quite an extensive C.V. for Martha Erickson. Her current position is Director of the Children, Youth and Family Consortium at the University of Minnesota, a national resource which links research, practice and policy for the wellbeing of children and families. She was co-developer of STEEP (Steps towards effective enjoyable parenting) and co-principal investigator on Project STEEP, the evaluation research study of the program. STEEP began in 1987 but the longitudinal research that provided its foundation started more than 20 years ago. STEEP is described as a preventive education program for high-risk parents and infants that is based on attachment theory and research. She also currently works with Vice President Al Gore on family policy issues with a special focus on the role of men in children's lives, the impact of media on children and families, work/family issues and parental involvement in education. There is much more in her C.V. but space does not allow more than one other interesting facet. Dr Erickson writes music and is lead vocalist with "Free Spirit", performing at professional conferences and community events to raise awareness about child and family issues. We will be inviting her to do something along those lines at our dinner!

Dr Watanabe is already known to many of you. She is a Child Psychiatrist from Keno University Hospital in Tokyo, Japan, has worked in London at the Tavistock clinic and has travelled and taught extensively throughout the world. She has a large clinical case load and has developed ideas across a wide range of diverse fields including mother/infant therapy, autism and cross cultural issues. We have not yet received an abstract of her sessions, nor from Professor Bruce Tonge whose topic will be "Reactive attachment disorder and failure to thrive in infants". Details of the concurrent workshops on the Saturday afternoon have also not yet been finalised - they will be led by Australians. In addition we hope that many of you will take the opportunity to present posters.

It will be a packed weekend and very good for us all to

be meeting again together, with groups now forming all over Australia. It will be a great opportunity to welcome newcomers and move further towards our National Constitution! Please take advantage of the early registration discount rate (before 18/8/97). We look forward to seeing you in Adelaide at the end of October.

QUEENSLAND

Susan Wilson

It is now well over twelve months since the Queensland branch of AAIMHI held its first meeting, with the presentation of a film by Lyn Barnett. Since then there have been a number of meetings held, each attracting a sizable, multidisciplinary audience.

In July 1996 Professor Philip Boyce joined us from Sydney to speak on postnatal depression and provide an update on recent Australian research in the field. In December we were fortunate to have Juliet Hopkins and Dr Mary Sue Moore as guest speakers at separate meetings. Although a number of Queensland delegates were able to attend the AAIMHI Conference in Melbourne, it was pleasing to be able to attract these speakers to Brisbane. The audience found the presentation of a case of a mother-infant interaction problem followed by discussion and comments from Dr Moore to be particularly useful in encouraging thoughtfulness about the mother-infant relationship and ways of working within that relationship.

The enthusiasm generated by these meetings encouraged the committee to capitalise on the local interest and foster networking among the many professionals working in the field of infant mental health. Many professionals and services have been working in relative isolation and it was felt that in 1997 the focus should shift to bringing this local expertise together, both to share information and to provide support for the important work being done. To this end, the first meeting for 1997 was a clinical discussion night addressing the area of mothers and infants at risk. Two cases were presented, the first by the consultation-liaison psychiatry team at the Mater Mother's Hospital and the second by staff at the Riverton Centre, an inpatient unit for parents and infants run by Child Health. Comments were invited from the panel, consisting of Dr Janet Rhind (child psychiatrist and psychotherapist), Liz Drew (Senior social worker at the Royal Children's Hospital) and Violet Kerswell (Community child health nurse involved in home visitation). Despite the involvement of multiple agencies, concern for the safety and emotional wellbeing of the infants remained high. The audience participated strongly in the subsequent discussion. Those present included child health nurses, paediatricians, child psychiatrists, psychiatric nurses, social workers from children's and maternity hospitals, psychologists, and occupational therapists. The evening certainly achieved its aims of bringing together a multidisciplinary network of interested individuals. There are plans to hold a similar meeting later in the year.

The first conference of the Australasian branch of the Marcé Society is being held in Brisbane on June 27 & 28. It aims to bring together the diverse aspects of perinatal mental health in women and their families. An exciting mix of local, interstate and international speakers will present. Dr Marian Sullivan, a child psychiatrist and member of the AAIMHI (QLD branch) committee will present a paper looking at parent-infant interaction problems and the role of various conceptual models in intervention.

One of the speakers at the Marcé Society Conference, Dr Margaret Oates, will present a morning seminar for AAIMHI in the week following the conference. Dr Oates is the Director of an inpatient postnatal depression unit in Nottingham, UK and a Senior Consultant in Psychiatry at the University of Nottingham. She will speak on the management of women at high risk, and risk to children in the context of postnatal depression.

The members of the AAIMHI (QLD) branch are as follows: Dr Marian Sullivan (child psychiatrist), Dr Elizabeth Webster (psychiatrist), Ms Margaret Rebgetz (clinical psychologist) and Dr Susan Wilson (child psychiatry trainee). Committee members look forward to meeting other members of AAIMHI at the Adelaide Conference.

NEW SOUTH WALES

Beulah Warren

AAIMHI NSW is currently hosting a series of Seminars coordinated by Norma Tracey on working with parent-infant problems. The series is being held at St John of God Hospital Conference Centre, Grantham Street, Burwood on Tuesday nights at 7.30 p.m. The fee for the course is $250.00 or $20.00 for individual seminars. Enquiries and registration for sessions can be made by phoning Norma Tracey on 02 9427 2028 (phone/fax) The titles and presenters are:

June 17	Inner World Processes during Pregnancy	Norma Tracey
June 24	The Shock of the New	Lorraine Rose
July 1	The Great Debut! Partnered by Parent	Beulah Warren
July 8	New Infant Research	Isla Lonie
July 15	Is it really a feeding problem?	Robin Barker
July 22	Weaning	Peter Blake
July 29	Understanding Crying	Margaret Hope
Aug 5	An Afternoon in an Early Childhood Clinic: problems and resolutions	Jann Zintgraff & Marianne Nicholson
Aug 12	Sleeping	Norma Tracey & Beulah Warren

Aug 19	Working with Depressed Mothers Kerry Lockhart
Aug 26	Working with Mothers & Infants in a Hospital Setting Helen Hardy
Sept 2	Clinical Practice in Early Intervention Judith Edwards & Elke Urbanski
Sept 9	Short Term Psychotherapies with Parent-Infants: Panel of Clinicians
Sept 16	Day Care Julie Campbell

Some members enjoyed the presentation of Dr Kenneth Wright, "Language and Symbols in Psychological Development" on his recent visit to Australia. Looking forward, Suzanne Maiello, Child Psychotherapist, will be in Sydney between July 28th and August 9th and speaking on several occasions.

AAIMHI NSW , together with the Perinatal Society of A&NZ, is planning the visit of Dr. Heidi Als in 1998. She will be giving a public lecture in Sydney on Monday March 23rd, 1998. More details later.

Looking forward to seeing you at one of our forthcoming events.

WESTERN AUSTRALIA

Caroline Zanetti

We are a small branch in a State whose Infant Mental Health service is itself in its infancy. We have been much encouraged by the appointment of Dr. Prue Stone, a Child Psychiatrist who has recently emigrated from Victoria, to King Edward Memorial Hospital (KEMH) for Mothers and Babies.

Currently, we are conducting a membership drive both to boost our rather pathetic coffers and to promote interest in infant mental health.

During the past two years we have been running monthly meetings, usually centred around a guest speaker. Topics have included a showing of the Robertsons' film "A Two Year Old Goes To Hospital". Clinical issues relating to Reproductive Technology and a series of talks by Mary Sue Moore. A synopsis of our most recent meeting, in which Barbara Palmer, Senior Social Worker at King Edward Hospital discussed the Adolescent Mothers Pregnancy Clinic and the service it is currently able to offer, is included below.

1997 Office Bearers
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Yap Lai Meng M. App.Psych

Report on the Adolescent Mothers Pregnancy Clinic - AAIMH WA Branch May Meeting.

The Adolescent Mothers Pregnancy Clinic accepts referrals (mainly from GPs) of girls aged less than 18 years who are pregnant with their first child. Although some rural patients with medical complications are referred, most of the young women attending the clinic live in Perth.

The Clinic is held every Wednesday afternoon, and provided antenatal care and education and some social work assistance. It is not a mental health service, however psychological and psychiatric input is available if necessary. At present, this arm of the service is not well-integrated, as the psychiatric staff have only recently become available. The service is in the process of working out a structure that provides for the psychological needs of this high-risk group in a way that is non-intrusive, yet able to identify and engage those who need the help. The previous setting at Centenary Clinic (within the hospital) facilitated the development of social relations between the adolescent mothers. Unfortunately, renovations forced a move to a rather less friendly environment. It is expected that this will be a temporary problem.

The young women themselves tend to be aged between 15 and a half and 17 and a half years old, although some much younger and some slightly older girls have been seen at the Clinic. Most are at around 20 weeks gestation when they start coming. As might be anticipated, they tend to have problems in many spheres of their lives. Biologically they are at high-risk for for obstetric complications of all kinds, particularly if they are under 16 years old, and they tend to deliver their babies before full term. Although the deliveries may be quite easy, these mothers stay in hospital longer postnatally (around 10 to 11 days). This can cause administrative problems, due to the cost involved.

Psychologically, many have backgrounds of abuse - some have been living on the streets from the age of 11 or 13 and many have a past history of involvement in child psychiatric services. As a group they are difficult to engage and are suspicious of 'welfare' services. A delicate approach to psychosocial assessment is required, and information gathering must be an on-going process as trust develops. On a positive note, some of the mothers who have been on the streets since an early age have been seen to tackle motherhood, and learning mothercraft skills with considerable energy.

This group tends to have immense social problems. Their own parents are often little involved in the pregnancy. An increasing number of young mothers have a recent or current history of substance abuse - marijuana, amphetamines, solvents and alcohol. The girls' partners also are frequently substance abusers, and many of them are violently abusive towards the

girls. Financial problems are ongoing - many of the girls have difficulty keeping their maternity allowance away from predatory partners and others.

Very few mothers relinquish their babies. For those that do, it is often very difficult for the grandmothers.

From Barbara Palmer's point of view, the major deficiency of the service lies in the lack of follow-up. Contact with most of these young women ends within a week of discharge from hospital. A study is presently being conducted into what happens to them - Celine Harrison Senior Social Worker is examining the outcomes for adolescent mothers with well babies at 6 to 12 months postpartum. In the meantime, a number of the mothers appear to have derived significant benefit from attending the Trinity programme run by the Unity Church, which provides a creche and a support service. Although some of the mothers are referred to Ngala, that service has a much higher caseload of 'elderly, primiparas' suggesting that its services may be under-utilised by adolescent mothers. In part, this occurs because of the increased mobility and social instability of that age-group.

The ultimate shape of the service for adolescent mothers at KEMH is still not determined. It is a difficult issue to know whether or not psychological assistance might be seen as an imposition by these girls, who usually are not asking for any more than medical assistance with the pregnancy. At the same time, there is an obvious need for psychological support in most, if not all cases. The availability of mental health staff makes it likely that a more proactive psychological approach will eventually form an integral part of the service.

VICTORIA

Sarah Jones

This year the newsletter came to Victoria! Paul Robertson is the editor and I am organising the state correspondents reports. We invite anyone to send us information about what is going on in your state.

The Victorian infant mental health scene is recovering from the past very active year culminating in a most successful National Conference last December. The February newsletter and this current edition again holds reports from our speakers.

Last year the committee has been working on two main projects. We have a constitution sub-committee which is endeavouring to shape the Australian constitution to our country's context and needs. There will ultimately be a report on the outcome of the committee's recommendations. We also have a working party looking at the infants and childcare. Jeannette Milgrom is the convener of this group. We hope to have some information from her group to report in a later newsletter.

The Graduate Diploma in Mental Health Sciences - Infant and Parent Mental Health from the University of Melbourne is in its second year. The three core trainers at Brigid Jordan, Frances Salo and Campbell Paul. Guest lecturers are invited to teach on topics ranging from the preconceptive infant to the social construction of infancy. It is currently a one year part time course aimed at health care professionals working in the infant field who wish to develop their understanding and clinical skills in work with infants and parents. The course includes an infant observation discussion group and theoretical seminars. It takes as its primary focus the baby and the infant/parent relationship, whilst drawing on the disciplines of developmental psychology, psychiatry and psychoanalysis for its theoretical basis.

Victorians will also get to hear the Italian child psychotherapist Susan Maiello in August. By the time this newsletter goes to print we may have already done so.

THE AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH NATIONAL CONFERENCE ADELAIDE, SA

Friday 24, Saturday 25 & Sunday 26 October 1997

Plus Workshops Friday 24 & Monday 27 October 1997

Details in this Newsletter on Page 8

You should have your brochure by now if not contact Elliservice Convention Management - Phone: 08 8332 4068, Fax: 08 8364 1968 or Email: ellis@dove.mtx.net.au

See you there !

EDITOR

If you have suggestions or comments about the Newsletter, or wish to make a contribution, please contact me -

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