

tation and Community Care of the Scottish Division of the Royal College of Psychiatrists. All those in favour of meetings emphasised that if they were to be useful, the meetings would require to be multi-disciplinary. Each psychiatric hospital in Scotland was then contacted and an inaugural meeting was held at Dykebar Hospital, Paisley, in April 1986. This was attended by 98 people from 16 different psychiatric hospitals. More recently a second meeting was held at Ailsa Hospital in Ayr. Further meetings are organised up until Spring 1988 and a Committee has been formed to attempt to achieve the above objectives. Perhaps, with such a positive response, this is the way forward—formulating our own policy and finding our own direction.

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Infant Psychiatry

Recent developments

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Infant psychiatry research pursued over the last two years was presented at the International Conference of the Association of Child Psychology and Psychiatry and Allied Disciplines in Paris, July 1986, and the value of early intervention was underlined at the Third World Congress of Infant Psychiatry, Stockholm, August 1986.

With regard to early intervention, state financial help is given in Sweden for families from fairly early on in pregnancy until infants reach two years of age, and the value of primary care workers having regular contact at health centres with psychologists and other members of the child psychiatry team was presented. At district centres, children with special difficulties are catered for in group situations together with parents.

Dr John Bowlby presented an overview at the Paris conference, describing the “analyst without the couch”. He indicated the dovetailing of some analytic concepts with observational interactional relationships between mother, father, infant, describing the “good enough” mother’s sensitivity to the infant’s signals. She is not intrusive, but “reliable and available”. He considered infants socially responsive from birth.

Dr D. Anzieu, Professor of Psychology, Paris University, read a paper entitled ‘Ego Skin’ relating the vital importance of the skin both as “container” and also “stimulator”. The ego was “the psychic skin”. He described the difference between touch, and visual and auditory perceptions considering skin a “boundary” organ, transmitting the mutual sensation of life rhythms to both partners. He mentioned the analytic “object or part object” as not primarily the breast that feeds but encompassing the skin, the whole per-

son, reminiscent of the womb (containment). He considered autistic phenomena might occur, as he had found in clinical practice, as a result of a specially traumatic event distressing mother to the extent that at a specific time she failed to experience pleasure in interaction with her infant; this was not her “fault”. He described the difficulty the infant has in moving from the fantasy of a common skin with his mother to his own skin as a border and a container.

Dr J. Kennell, paediatrician, and researcher, Cleveland, USA, described the development of “fathers’ maternity visitation” in the last few years; only 17% were present at the delivery in 1973 whereas now, 75% of fathers in the USA attend the delivery of their babies.

He described research in Guatemala where the addition of the “Doula” to the maternity plans resulted in decreased need for the special care baby unit, decreased Caesarian rate and other advantages. The “Doula” is a type of mother’s helper who, having had children herself, and with some training, gets to know the mother towards the end of her pregnancy and is there throughout the labour. The mother was more likely to be awake after birth than mothers in the control group. Fathers were more involved. The helper was present to guide mother throughout the birth process. The “Doula” concept was now being pursued in the USA: contrast the unfortunate rush in some of our maternity wards where there is not continuity of staff.

Dr N. Ringler described her follow-up of the babies in Cleveland, USA, who were allowed extra proximity with their mothers immediately postbirth to eight years of age. These children continue to have a better ability to share emotions, more positive interactional relationships with

their mothers and others and more positive involvement with their peers.

Our first study at the Plymouth Maternity Hospital (*Bulletin*, May 1984, 8, 85) concerned 300 consecutive mother/baby couples. The infant contact questionnaire, filled in by Clinical Medical Officers when the baby was six weeks of age, indicated that those babies with 20 minutes or more postbirth proximity to mothers exhibited statistically significant less symptoms such as sleep or feeding disorders than the control groups which primarily comprised mother/infant couples who had less than five minutes contact (four fifths of the group) and the totally separated group, e.g. Caesarian section. Our ongoing study of a further 300 mother/baby couples tabulated on the mother/baby bonding chart by the midwifery department was presented at both 1986 conferences. Although midwives considered they had allowed mothers to be with their babies for a considerable time, the bonding chart indicating the time the baby was born and the time baby left mother's side revealed that two thirds of the mothers had less than five or ten minutes contact postbirth. Findings from the bonding chart were also recorded concerning the percentage of babies appearing content and crying while on the labour ward.

Again, the longer the contact, the less the crying and the greater the contentment. The majority of babies were not separated for obstetric reasons and it appeared that a number of mothers received their babies again after medical procedures. Father held babies scored between the two groups. The mother/baby couples from second study will be followed up at three years.

Many of the papers at both conferences related to the "holding" concept of Winnicott. Holding treatment has a place in disorders such as autism, hyperactivity and bonding attachment difficulties. The parent is "there" and "available". (We encourage parents to "hold" young children presenting these problems as part of family therapy; supporting Winnicott's concept of the need for loving but also firm parental holding of anxiety or aggression in young children.)

A delightful video was shown in Stockholm indicating the value of the "kangaroo" method of taking care of underweight babies, initially developed in Colombia for the underprivileged, where there were insufficient special care baby units, and now being pursued at Hammersmith Hospital, London. Mothers stated that they found the kangaroo method (babies in proximity) helpful even where the incubator was essential as well.

There were a number of papers about special care baby units. The Brazelton test was described by the author (J. Berry Brazelton, Harvard, USA) as of great value in helping parents appreciate alternative mother baby communication pathways and to allow for calmer mother/baby interaction indicating to mother the strengths of her baby in order that baby and mother experience a relationship of synchrony.

Dr B. Nurcombe, Providence, USA, presented a paper describing the coaching of mothers of preterm infants—educating them to be more aware of the baby's signals and distress and to make appropriate responses. Major differ-

ences occurred between the special group and the control group four years later, although the differences were not so marked earlier on, which is in itself an interesting finding related to the long-term ill or therapeutic effects of occurrences early on. Dr K. Minde, Professor of Child Psychiatry, Toronto, described veteran mothers as playing a leading role in the special care baby unit support group and mentioned that the mother's relationship with her own mother was often found to be of greater importance than the amount of touching concerning special care babies.

Dr P. Sloate, New York, indicated the value of an early intervention day care programme for disturbed children in their nursery. Specially trained staff helped act as auxiliary mothers and eventually were able to help mothers interact in a better way with their infants. It appears that mothers did not resent this but were able to "bond" to their children in a far more productive way after a period in the nursery.

Infantile autism was the subject of a number of papers at both conferences and there was a session on the "psychogenic" versus "organic" aetiologies of the condition, to which Dr P. Graham and Professor M. Rutter, UK, contributed. Dr E. Galenson, New York, stated that early intervention and assessment of the autistic child (e.g. lack of eye contact between child/mother and other adults) was of great value. She described 21 autistic children treated at their therapeutic nursery in New York, mentioning that those where the diagnosis was made under the age of two years were all very successfully treated and "recovered". It was often found that autistic phenomena developed at a time when mother was experiencing serious depression. There were mothers' and children's groups. Mothers were increasingly able to respond to their child's needs. Fathers often participated. Incidentally, the Nottingham UK unit has produced a recent video of improved interaction after intervention.

Dr M. Rutterberg, New York, described 50% of the mothers as having had a recognisable postnatal depression and a reactive unresponsive infant. "These children require more than average parenting skills". It was mentioned that some autistic children eventually develop an "organic picture".

Family therapy was not often pursued or considered by most presenting papers at both conferences, stress being laid on the mother/infant couple in assessment and therapy. Future conferences could well accommodate to the rapid development of family therapy as a successful treatment modality. However, although the new family therapies are proving of great value in shortening therapy, in childhood/adolescent and now in adult psychiatry little has so far been published on babies and the new family therapies.

Both conferences indicated the importance of early intervention in infancy; prenatal feelings of attachment also appear to be indicative of success in infant/mother baby interaction.

Incidentally two conferences occurred in the United Kingdom shortly after the Paris and Stockholm events; the Marcé Society and the Conference of the Society for Reproductive and Infant Psychology.