Australian Association for Infant Mental Health

NEWSLETTER

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* This is the combined issue of the December 2002/ March 2003 Newsletters.

FROM THE EDITOR

Pax vobiscum

Welcome to the combined December 2002/ March 2003 Newsletter. This editor is still buzzing from the acoustic stimulation of our joint conference with NIFTeY last November, an echoed vote of thanks goes out again to all those responsible for bringing together such a successful meeting. I now look forward to the forthcoming conference in Adelaide this July where we will be sharing the floor with The Marce Society and a line up of exceptional speakers. My apologies to those of you who were expecting the December 2002 edition, along with the birth of my daughter Frances just prior to the conference and the purchase of a new home during the conference along with University examinations, December went missing. It was last seen heading south with my previous life as a 'man about town'.

This edition will feature our current position on controlled crying and some more responses to it from the field. I am also delighted to publish the 'Guidelines for Settling' information from Central Sydney Area Health Service.

Recently there has been considerable focus on the work of a man named Gary Ezzo (*Babywise* Parenting Programme). Many differences of opinion have been aired in relation to his approach to the 'management' of babies and infants. In the interests of maintaining a position of advocacy to all babies, infants, children, young people, parents and families, this Newsletter will publish a letter in relation to Ezzo's panacea by Robin Grille. As a prelude to Robin's piece I have included a letter written to Beulah Warren in response to her expressions on the radio program 'Life Matters' aired in February, which held a forum around Ezzo's work.

Also in this edition you will find the usual Network News with the exception of South Australia who are busy with their upcoming conference. There's a report by Sarah Jones on Professor Linda Richter's visit to Australia from South Africa, as well as two reviews of 'Sleep for baby and family' by Jane Suttle then Claire Person (a publication that this editor has been drawing upon recently!).

I look forward to your feedback.
Best wishes,
Victor Evatt.

PS. Look out for our Web Site coming to a PC near you. Details in the Next Newsletter.

2003 CALENDAR OF EVENTS

JULY (SA)

24 - 26 July:

Building Better Beginnigs: Perinatal and Infant Initiatives in Context - AAIMH and Marce Society Joint Conference
(see Page 15 for details)

SEPTEMBER (Australia):

The Parent-Child Mother Goose Program
(see Page 16 for details)

Editor: Victor Evatt

Design: Vladimir Tretyakov

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Please address all suggestions on content to :
Victor Evatt
P.O. Box 3
Paddington NSW 2021
Tel: 0418 231 635
vevatt@tech2u.com.au

All comments and suggestions on design and distribution:
Vladimir Tretyakov
(02) 9328 3770
tretyakov@go.com

AAIMH Newsletter Archive online:

www.geocities.com/aaimh

- AAIMH Position Paper

CONTROLLED CRYING

By: Australian Association for Infant Mental Health

Introduction

The Australian Association for Infant Mental Health aims (in part):

- **To improve professional and public recognition that infancy is a critical period in psycho-social development, and**
- **To work for the improvement of the mental health and development of all infants and families.**

Definition:

Controlled crying (also known as controlled comforting and sleep training) is a technique which is widely used as a way of managing infants and young children who do not settle alone or who wake at night. Controlled crying involves leaving the infant to cry for increasingly longer periods of time before providing comfort. The intention of controlled crying is to let babies put themselves to sleep and to stop them from crying or calling out during the night.

AAIMHI is concerned that the widely practiced technique of 'controlled crying'is not consistent with what infants need for their optimal emotional and psychological health, and may have unintended negative consequences.

Background to AAIMHI's concerns

- This statement is premised on an understanding of crying to mean crying that indicates distress, either psychological or physical, rather than the "fussing" that many babies do in settling or adjusting to different circumstances.
- Babies have to adapt to a totally new world and even small changes can be stressful for them. Leaving babies to cry without comfort, even for short periods of time, can be very distressing to the infants.
- Crying is a signal of distress or discomfort from an infant or young child. Although controlled crying can stop children from crying, it may teach children not to seek or expect support when distressed.
- Infants from about six months of age suffer from differing degrees of anxiety when separated from their carers. This continues until they can learn that their carers will return when they leave, and that they are safe. This learning may take up to three years.
- Almost all children grow out of the need to wake at night and be reassured by three or four years of age, many much earlier than this.
- Infants are more likely to develop secure attachments when their distress is responded to promptly, consistently and appropriately. Secure attachments in infancy are the foundation for good adult mental health.
- Infants whose parents respond and attend to their crying promptly, learn to settle more quickly in the long run, as they become secure in the knowledge that their needs for emotional comfort will be met.
- The demands of Western lifestyle and some "expert" advice has led to an expectation that all infants and young children should sleep through the night from the early months or even weeks. In fact infants have the potential to arouse more often in the night than older children or adults because their sleep cycles are much shorter. These short sleep cycles allow infants to experience more REM sleep, which is considered to be important for their brain development.
- Many parents become distressed and exhausted when their infants and young children cry at night, in part because of the physical strain of getting up and going to their babies to re-settle them, and sometimes in part because of the unrealistic expectation that babies "should" sleep through the night.
- Many infants and parents sleep best when they sleep together. There is no developmental reason why infants should sleep separately from their parents, and in most of the world infants do sleep with their parents or other family members, either in the same bed, or in a cot next to the parents' bed. Co-sleeping with infants should never occur when a parent is affected by drugs or alcohol, or where the bedding is overly soft. [All parents whether co-sleeping or not should check current information regarding safe sleeping for infants to avoid risk of SIDS eg http://www.sidsaustralia.org.au/]
- Many parents find controlled crying helpful and this is one of the reasons for its popularity. For other parents it does not work, or causes so much distress for the parent and the infant that it is discontinued.
- There have been no studies, to our knowledge, such as sleep laboratory studies, which assess the physiological stress levels of infants who undergo controlled crying, or its emotional or psychological impact on the developing child

Australian Association for Infant Mental Health : Controlled Crying Principles

It is normal and healthy for infants and young children not to sleep through the night and to need attention from parents. This should not be labelled a disorder except where it is clearly outside the usual patterns.

- Parents should be reassured that attending to their infant's needs/crying will not cause a lasting "habit".
- Waking in older infants and young children may be due to separation anxiety, and in these cases sleeping with or next to a parent is a valid option. This often enables all to get a good night's sleep.
- Any methods to assist parents to get a good night's sleep should not compromise the infant's developmental and emotional needs.

- If "controlled crying" is to be used it would be most appropriate after the child has an understanding of the meaning of the parent's words, to know that the parent will be coming back and to be able to feel safe without the parent's presence. Developmentally this takes about three years. This varies between children and observing children and responding to their cues is the best way to assess when a child feels safe sleeping alone.
- A full professional assessment of the child's health, and child and family relationships should be undertaken before initiating a controlled crying program. This should include an assessment of whether in fact the infant's crying is outside normal levels. All efforts should be made to link parents with community supports to minimise the isolation and frustration felt by many parents when caring for a young child. Other strategies, apart from controlled crying, should always be discussed with parents as preferable options.
- If an infant or child has already experienced separation from a parent due to sickness, parent absence or adoption, or if he or she becomes very distressed the method should not be used. This is because children who have already experienced traumatic separation are more vulnerable to negative effects from the kind of stress caused by controlled crying.
- Where parental stress due to infant crying may lead to risk of abuse it is essential that parents are linked with social supports and therapeutic intervention.
- Parents should be told that the method has not been assessed in terms of stress on the infant or the impact on the infant's emotional development.
- Where it is used recommendations should be for exercising caution and playing safe.

For example,

-paying attention to level of distress rather than number of minutes baby has to be left to cry
-not continuing with any technique if it does not feel right.

LIST OF REFERENCES:

The references below are not specifically to studies on the impact of controlled crying on infants because there are no records of such studies. They are general background information related to sleep and to understanding children and stress.

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Suggestions for alternatives to controlled crying.

There are a number of suggestions on Dr William Sears Website:www.askdrsears.com. He also has a number of helpful books, including "The fussy baby" , "The Baby Book" and "Nighttime Parenting".

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Australian Association for Infant Mental Health
November 2002

• Letters to AAIMH

Controlled Crying Position Paper - Feedback

AAIMHI is continuing to receive feedback on the Controlled Crying Position Paper.

Here are two recent perceptions.

Dear Sir,

RE: Draft 'Controlled Crying' Statement

It is with some concern that I read your 'controlled crying' statement. I find the statement judgemental without furthering our understanding of how better to help the large numbers of tired and exhausted parents and their irritable overstimulated and worn out babies.

I am a developmental and behavioural paediatrician and have been fortunate to work closely with very experienced thoughtful and caring staff who run a Family Care Centre attending to this same group of distressed parents. The nurses and psychologist who run this unit recognised many years ago that most of the "unsettled" babies referred to in your statement were exhausted and sleep deprived resulting in highly irritable, fractious and unhappy infants some of whom arrived misdiagnosed as reflux or blind reflux on a cocktail of medication. The above problems are often the result of inexperienced parents not being attuned to their babies communication about tiredness and sleepiness and/or anxious or depressed parents being overly vigilant or intrusive in their care and/ or about parents with significant separation and anxiety difficulties of their own struggling with their feelings of abandonment when their babies show any feelings of distress around sleep time. The result is as I've described earlier overstimulated, overtired, fractious, irritable, worn out babies desperately in need of containment from firm, loving, attuned, non anxious parents, enabling their babies to have long uninterrupted sleep.

The Family Care Centre staff set about helping parents to recognise their babies "tired signs" and responding to these by putting their babies to bed as well as attending to the many and Varied psychological difficulties pointed to above, and yes overstimulated, overtired and exhausted babies often need to be allowed to cry in order to help them and their parents develop a more attuned and appropriate pattern of interaction around the crucial matter of sleep. Exactly how you do this and what you call it is open to conjecture and debate and I feel is much less relevant than the principles I've pointed to above.

You mention in your draft statement that "many parents find controlled crying helpful and this is one of the reasons for it's popularity" and yet at the same time insinuate that somehow these parents are wrong or misguided. Is it just possible that these satisfied consumers are enjoying their babies and developing a much healthier attachment following contact with sensitive staff who have helped them understand how to interact with their babies in a mutually more satisfying manner?

And finally you will always find dissatisfied consumers who for a myriad of complex reasons don't find the contact helpful, however satisfaction surveys from consumers of the Family Care Centre are overwhelmingly glowing in their affirmation and praise for the advice and the help received.

I think your draft statement takes a very narrow and judgemental view of sleep problems and underestimates the sophistication and sensitivity of the professional help available in the field.

Yours faithfully,

Michael Zilibowitz
Community Paediatrician
Northern Beaches Child & Family Health Services

Dear AAIMHI

I have recently become a member of AAIMH and so have just recently seen a copy of your draft Controlled Crying Statement. The issue of how parents 'manage' their infants' sleep is an area of particular interest to me, so I was delighted to see the statement. I am writing to congratulate you on producing such a clear and well-structured document - I thought it was really excellent. A couple of years ago I conducted a very small piece of local research (I am in New Zealand), surveying health providers on what advice on infant sleep they were giving to parents. I found that controlled crying was by far the most common technique that was being recommended, and many providers I talked to were unaware of there being any possible alternatives to it. One of the things that has struck me most of all from my exposure to people and literature who advocate the controlled crying model, is the belief that it is entirely in the child's interests to be "taught how to settle him/herself to sleep" in this way. The belief that from this method, the child is "learning sleep skills" that are crucial for his/her development and well-being is strongly held. And this argument is of course strongly influential with parents who want to do the right thing by their babies. I found that your Controlled Crying statement lays out clearly the developmental information that debunks this theory and I was delighted to see it. I understand the final version of the statement and some accompanying notes were being prepared in time for last November's AAIMH conference. If it would be possible for you to provide me with these documents I would love to see them & would be very grateful.

Yours sincerely,
Kate Dent Rennie
New Zealand

Please send any correspondence regarding this position to the Editor to the address appearing on page 1.

- Booklet Review

Sleep for Baby and Family

Written by Norma Tracey, Beulah Warren and Lorraine Rose

Reviewed by Jane Suttle and Claire Person

Ah! If only this book had been around when my daughter was an infant, we might had a few peaceful nights and she might have been less anxious and a happier child during the day too.

This is not a book about wrapping techniques, or routines or tricks to get your baby back to sleep at 2am, nor is it about sleep cycles and brain wave rhythms. What "Sleep for Baby and Family" offers is an understanding of what babies need during their first year, to help them develop a deep sense of rightness, of being at peace with themselves, within the family; of a pervading sense of security. Out of this inner feeling of safety and confidence it is not difficult for them to let go and allow sleep to overtake them.

As parents we all have bad nights from time to time, and wish for a magic formula, an infallible trick that will allow us all to get back to sleep. But really we know that growing up is a process, a journey. So to find something that makes the whole road smoother, rather that suggesting ways to negotiate each crack and pothole, is an invaluable tool for new parents.

Read it before the baby is born and refer to it regularly after that. The depth of wisdom and understanding will become apparent. It is concise and light... it can be read, held in one hand while feeding baby. It is also wonderfully supportive of parents; and it is hard for parents to support the needs of their baby if their own needs are not supported. I loved the 'Helping Yourself' inserts in section 3.

It is a book for Health Professionals. The emphasis on family relationships is something that is easy to lose sight of in the busy environment of a hospital. This book reminds us of the inner workings of human relationships, gives us some tools to notice and help develop those connections in new parents and see families as unique and individual.

Jane Suttle

"Sleep for Baby and Family..."

- Should be read during pregnancy, as it brings up issues you would want to know and think about before your baby is born. Eg, where (and in what) the baby will sleep etc. Also helpful as a reference as baby grows older and changes.
- It is very precise about what baby "should" be doing at certain stages, eg. 2day sleeps and 10 – 12 hours at night by 6 months. This is helpful if you are worried whether your baby is "normal" or not, but could cause unnecessary distress if your baby does not follow this pattern.
- It would be helpful to have some practical, hands-on advice, eg. How to wrap baby to help them sleep and so on.
- The quotes from parents and health professionals are interesting as are the case studies in the middle of the book, as they emphasise that all babies are different.
- The 'Helping Yourself' sections in the third part of the book are good as they focus on the parent's well-being instead of just the baby's.

Claire Person

"Sleep for Baby and Family" is...

a project of the **Parent Infant Foundation of Australia. (PIFA)**

The Parent Infant Foundation is a group of professional women and men who work with mothers and fathers, infants and small children. Families are their focus. Their work is to help young families and research all aspects of parent infant interaction.

Should you wish to order this booklet please phone PIFA on (02) 8230 1646 and leave your order, name and address.

Response to 'the Gary Ezzo issue'

by Robin Grille

A Letter to Beluah Warren

Dear Ms. Warren, I want to thank you for being so willing to be interviewed recently on the radio regarding the flawed parenting materials by Gary Ezzo. Thank you for representing the truth about children's needs and development. Sadly, we were parents who were persuaded that what Gary Ezzo taught really was best for our children. It took several years of family struggles, early milk supply loss and Failure to Thrive before we accepted what we thought was good, was really founded on misinformation.

Your outspokenness, I pray, will help other families avoid the problems that come with accepting the teachings of Gary Ezzo and Growing Families International.

Blessings to you and yours,
Alexandra

Concern about the parenting manuals and courses of Gary Ezzo' and his organisation: 'Growing Families International'

I wish to advise members of AAIMH about a controversy surrounding parenting books and courses run by Gary Ezzo's 'Growing Families International' (GFI) organisation. Gary Ezzo is the author of a number of parenting manuals and training courses (eg 'Babywise I and II', etc.) which have caused considerable alarm among health professionals in the USA and Britain. It is because Ezzo's GFI is expanding its influence in Australia that I wish to call your urgent attention to this matter. GFI has its headquarters in Perth, and Mr Ezzo toured Australia to promote his manuals on Feb 14 & 15 (Cooma, NSW), Feb 21 & 22 (Perth), and Feb 16 – 19 (Tasmania), 2003. The Ezzo material is marketed as Christian parenting, and it seems to be promoted mainly through church organisations. Below I outline why I think the growth of GFI in Australia is cause for concern among health professionals.

What some prominent child-care experts have said about Ezzo:

Dr William Sears, professor of paediatrics at the University of Southern California, practicing Christian and author of 22 books about parenting (some specifically about Christian parenting): 'Babywise is probably the most dangerous program of teaching about babies and children that I have seen in my 25 years of being a paediatrician'.

Penelope Leach, eminent English psychologist and author of the popular 'Your Baby and Child': 'I believe their programs incite child abuse and should carry a government health warning'.

Dr T. Berry Brazelton, professor emeritus of paediatrics at Harvard University, and author of many acclaimed and popular books about parenting: "I'm horrified. I'm absolutely horrified. It isn't respectful of children....I hate this idea that parents think: 'the child is against me so I have to win'." (Cincinatti Enquirer, 5th November 1999)

Laura Bassi Zapf, Phd, developmental psychologist: '...the type of control by the parents espoused by the Ezzo program is potentially dangerous for mental health' and: 'the children who were subjected to these procedures will, as adults, have some kind of attachment disorder, or crippling problems with self-esteem and interpersonal relationships'
http://breastpumps-etc.com/ezzo3.html

Kathleen G. Auerbach Phd, adjunct faculty member at Rush-Presbyterian St Luke's Medical Center, and author of 'Breastfeeding and Human Lactation': 'Following their advice is dangerous in the short term and may well result in infant death...' (reprinted from Florida newspaper Bradenton Herald in www.parentsplace.com)

Medical Concerns

According to American Paediatrician, Dr Matthew Aney, the 'Babywise' books make a total of 35 medical statements that are unsubstantiated, or simply false. A Forsyth Medical Hospital Review Committee in Winston-Salem, North Carolina, listed 11 areas in which the Ezzo programme is unsupported by conventional medical practice (AAP News, April 1998).

Nancy Williams, a certified lactation consultant of 16 years and a leader of La Leche League from Santa Maria California has reported at least 100 cases of low-weight-gain babies of parents using Ezzo's manuals, several of these cases were severe enough as to require hospitalisation. Nancy Williams links this phenomenon to the use of the Ezzo method of scheduled breastfeeding, called PDF (parent-directed feeding).

A respected Christian organisation in USA named 'Focus on the Family' has received numerous letters from parents, pastors, midwives, physicians and lactation professionals reporting cases of FTT (failure to thrive) in infants undergoing Ezzo's parent-directed feeding (PDF) method.

Writing for the AAP News' (April 1998), a journal for the American Academy of Pediatricians, Dr Matt Aney (paediatrician) reports having reviewed over 100 reports of babies whose failure to thrive (FTT) and dehydration

he associates with the parents' adherence to Ezzo's 'Babywise' instructions. He cites several articles (ten apart from his own) linking the 'Babywise' methods to dehydration, poor weight gain and FTT.

A Breastfeeding Taskforce in Santa-Clara Valley, California, issued a warning letter to local Christian leaders based on observations of low-weight gain in babies raised under Ezzo's PDF (parent-directed feeding) system. Pediatricians from seven states of USA, and Puerto Rico, endorsed an AAP (American Academy of Pediatricians) resolution outlining concerns about PDF and linking it to cases of failure-to-thrive, asking the academy to 'alert its members, other organisations and parents of its findings' (AAP resolution no. 22T, 8th February 1998). In April 1998, about a hundred doctors, lactation specialists and childcare professionals sent a letter of concern about the dangers of the Ezzo methods to the AAP. The AAP responded by putting out a Media Alert stating that scheduled feeding of infants (such as that promoted in Ezzo's books and courses) may result in poor weight gain, even dehydration.

Dr Brian Donnelly, paediatrician, and editor of 'Child and Family', in a comment on the numerous reports of babies of Ezzo parents suffering medical conditions, said: 'What could be more horrible for parents than watching their baby starve almost to death while pursuing "God's Way" of raising them?'. Dr Donnelly also lambasts Ezzo's non-endorsement of back-sleeping, a practice recommended by the American Academy of Paediatricians which reduced the incidence of Sudden Infant Death Syndrome by 30%. www.ccli.org/parenting/review.shtml

Katherine Dettwyler, Phd, from the Department of Anthropology, Texas A and M University, said this in a commentary about the Ezzo programmes: 'In extreme cases, where a physician is not monitoring the baby's progress, this can lead to growth retardation, dehydration, and even death.' www.prairienet.org/laleche/detisrael.html

Psychological Concerns

As a psychologist I see in the Ezzo books a considerable departure from current research-based wisdom. In his endorsement of corporal punishment (even for infants) Ezzo's manuals sidestep the abundance of psychological research demonstrating the harmful effects of this practice . Making no mention of the body of research supporting attachment theory, Ezzo dismisses this theory, without any scientific basis for his rejection. He maintains that the purpose of attachment parenting is to heal the baby's birth-trauma. Ezzo's assessment of attachment theory makes me doubt he has read much on the subject. Given this level of disregard for scientific validation, claims made by American health authorities' about physical and psychological injury should warrant serious consideration.

There are several instances in Ezzo's books and manuals where he clearly encourages parents not to attend to a crying baby. He claims that no harm could come to a baby who is left to cry for up to 20 minutes (Babywise II, page 131). In 'Preparation for Parenting (1997), he counseled parents not to be concerned for a baby who cries for up to 45 minutes (p. 125). Ezzo additionally assures readers that a baby who is instantly attended to will become a 'fussy' baby – there is no substance to this claim. These doctrines significantly exceed even the contentious 'controlled-crying' methods commonly applied across Australia. (Moreover, the official stance of the Australian Association of Infant Mental Health is that 'controlled crying' is contra-indicated). Again, in reference to a baby crying for a night-time feed, he claims: 'you may need to help him eliminate the feeding period by not physically attending to him. Normally it takes three nights of some crying before the habit is broken' (Babywise, page 182). Ezzo makes no mention of recent discoveries about the long-term neurological and endocrinological impact that such practices have on the developing infant brain (see Bruce Perry, Alan Schore, etc.).

According to the Christian Research Institute Statement DG-233, authored by Kathleen Terner, the Ezzo manual: 'Preparation for Parenting', cited the Biblical verse Matthew 27:46 as justification for mothers not to attend to crying infants that have already been fed, changed, and had their 'basic' needs met. The manual also rebukes any mother who listens to her heart when responding to an infant, as this supposedly contravenes Biblical calls for 'sober-mindedness'. Terner makes it clear that Ezzo's manual: 'Preparation for the Toddler Years' dissuades parents from attending to crying infants. It urges them instead to teach 'the crying infant that the world does not revolve around him or her by not responding to his or her cry'.

According to the Christian Research Institute's (CRI's) assessment of the Ezzo's course manuals, these dogmatically affirm the use of spanking. The manuals that accompany the parenting training courses have advocated the use of an instrument to physically chastise children (this spanking instrument is excluded from the Babywise and Childwise books, which are addressed to the secular market), while small babies are subject to a swat on the hand or isolation in a play pen for small infractions. The 'Babywise' books contain the recommendation that, in order to inculcate good high-chair manners, babies should be swatted on the hand if they drop their food on the ground or otherwise 'misbehave'. These books place a strong emphasis on extracting unquestioning obedience from toddlers and infants. If punishment is insufficient, this will supposedly lead the child to antisocial behaviour. (In fact, an enormous body of psychological research affirms the exact opposite, but such findings are absent from Ezzo's books). Ezzo states in Babywise II that a two-year old toddler should be forced to clean himself up and his own clothes if he soils himself. Such endorsements of corporal punishment place children and infants in a position of peril.

Having worked with parents who follow Ezzo's methods for 10 years, registered nurse and lactation consultant Katherine West (Florida, USA) stated that it was not unusual for her to see depression in their children

(Christian Research Institute, statement DG-234, page 10). These worrisome rates of serious medical and psychological complications are consistent with the fact that Ezzo's Parent-Directed Feeding (PDF) contravenes World Health Organisation, La Leche League and American Academy of Pediatricians' outlines for standard practice.

Investigations by Child Abuse Prevention organisations
The Child Abuse Prevention Council of Orange County, California, has declared Ezzo's material inappropriate, and they recommend parents not to use it. Council members reported their concerns about the risk of physical abuse to children when parents follow the course manual 'Growing Kids God's Way'. This Council particularly objected to the recommendation found in this manual for parents to use a strip made of firm rubber to strike children. Finally, this Council concluded that the Ezzo programmes fail to promote self-esteem, aren't age-appropriate and don't provide a healthy balance of love and discipline (Wall St Journal, 17th February 1998).

In England, the National Society for the Prevention of Cruelty to Children investigated the Ezzo material. According to Jo Revill, (Health Correspondent with Associated Newspapers Ltd. 29/10/99) this Society described Ezzo's pedagogy as 'a brutal training technique'.

Ethical and Theological Concerns

The Christian Research Institute (an American multi-denominational organisation devoted to the study and exposure of cults), in a statement by Kathleen Terner and Elliott Miller (statement DG-233), assert that GFI has: 'exhibited a pattern of cultic behaviour.....and physical and emotional endangerment.' In publication Christianity Today (27/10/00), Kathleen Terner says: the Vantage Point Church in Laconia, New Hampshire asked Gary Ezzo to step down as pastor. He was also declared 'unfit for ministry and lacking in truthfulness and Christian character' by Living Hope Evangelical Fellowship of Grenada Hills, California, a church which excommunicated Ezzo in April 2000. Grace Community Church publicly rebuked Ezzo and wholeheartedly rejects Ezzo's 'Growing Families International' (GFI) curriculum. Phil Johnson, an elder of Grace Community Church, says of GFI: 'the whole thing is fraught with danger'. Grace Community Church elders have declared Ezzo: 'disqualified from leadership or public ministry in any context'. This article also lists serious allegations made against Ezzo for fraudulent claims about his professional qualifications, and misleading conduct regarding the financial records in his GFI organisation.

Ezzo's publisher disown his books

Reported in 'Christianity Today', 23rd March 2001: the medical consequences associated with Ezzo parenting programmes have been so serious that: 'The publishing company could face legal repercussions for promoting Ezzo's material.' As a result of consistent alarm raised by health professionals, Gary Ezzo's publisher, Multnomah Press, severed their ties with the author. Editor Jeff Gerke said: 'I'm personally convinced Gary Ezzo and his infant care materials are dangerous....He has no medical training and therefore no business...disregarding the advice of bona fide medical practitioners'.

As yet, I have not heard of any official position statement, relating to Ezzo's manuals and courses, from any health-professional organisation in Australia. I believe there is an urgent need for an official investigation of the Ezzo material by Australian health authorities. Secondly, there needs to be a campaign to inform the general public about the findings and recommendations of Australian health authorities.

How big is GFI?

Despite their track record, the 'Growing Families International' (GFI) organisation continues to enjoy immense appeal. The bestselling book: 'On Becoming Baby-wise' has consistently been one of the top 10 parenting books in USA. The parenting courses taught through GFI are used in 93 countries (including Australia), and have been translated into 17 languages. About 70,000 parents attend these courses worldwide each week. A number of churches in Australia promote the Ezzo works and his February 2003 promotional tour will no doubt have contributed to his growing popularity among Australian parents.

I believe it is essential, in order understand Ezzo's material, to at least read 'Babywise I' and 'Babywise II' by Gary Ezzo and Robert Bucknam – available in some book-stores, or for interlibrary loan through any municipal library - and then to study this web-site: www.ezzo.info

Robin Grille
BA(Psych),
Grad Dip (Counselling),
Dip Int Psych,
RMCAPA

CENTRAL SYDNEY AREA HEALTH SERVICE

EARLY CHILDHOOD HEALTHSERVICE GUIDELINES ON SETTLING

For Health Professionals

The principles of settling.

Setting is only an issue if the parents find it one.

Parents should develop a realistic attitude regarding their baby's sleep. A baby cannot be forced to go to sleep. Parents need support whilst they adapt to the fact that they may not enjoy an uninterrupted sleep for a very long time.

A listening ear helps to contain parents' anxieties and emotions. This restores their ability to think and your ability to work with them. Providing parents time to think through any feelings surrounding settling may lead to a more successful result.

The baby should fall asleep knowing that their carer will be there if they need them. They should fall asleep in a secure state.

Long periods of distress should be avoided. Babies can become stressed by being over settled. Settling should continue for as long as the baby and parents are coping. Parents should not feel as though it is a contest but they can stop when it is appropriate. If the settling is not working then parents should stop and try an alternative such as a walk in the pram.

If however the parent feels as though they may shake or physically hurt the baby they are better to leave the baby crying in the cot while they find some support for themselves. Parents may just need some timeout and should be reassured that a single episode of extended crying will not cause any long term problems for the baby.

Parents need to understand the fears of the child. They need to understand the physical needs and emotional needs of the child.

All babies and children display tired signs. Parents should be taught to identify their child's signs and then settle the child as soon as possible.

Parents should be aware of the three recommendations made by the SIDS council of Australia.

1. Put your baby on the back to sleep
2. Make sure your baby's head remains uncovered during sleep
3. Keep your baby smokefree, before birth and after.

Parents should also be aware that room sharing with one or more adults decreased the relative risk of SIDS.

All babies and children are individuals and what the resilient ones can cope with the sensitive ones may not be able to. So it is important for Health Professionals to encourage Parents to think about the sort of child they have and how they cope with things.

SETTLING OPTIONS

Babies and children have varied temperaments. Families have different lifestyles. Helping parents develop a settling style that fits the families' needs is a challenge. Consider the baby's temperament and the family's situation and give sensitive advice.

1.Comfort Settling:

Suitable for babies under six months though may be continued to be used indefinitely.

Identify tired signs.

Suggest a relaxing routine leading up to bedtime eg bath, song or book.

Change nappy and wrap baby in a light cotton sheet. Ensure that the arms are up and not by the baby's side. The baby should be able to get his hands to his face for comfort. Some babies prefer not to be wrapped as they settle easily without being wrapped. Parents will have to trial what their baby prefers.

Put the baby to bed. If the baby is awake but not crying then leave the baby. Return if the baby starts to cry.

If the baby is crying then pat, stroke or rock the baby whilst the baby is in bed. If the baby continues to be distressed then pick the baby up until the baby calms then put baby back in bed. The baby may now need to be held to help them get off to sleep. Parents can either stay in baby's bedroom or just outside the door. Most babies can cope with being left for a very short period of time but parents should stay close by to listen to the cry. If the baby becomes distressed then they should promptly return.

Some baby's might need a short breast-feed or a drink of cooled boiled water if they are artificially fed.

Continue settling until the parent or baby becomes overwhelmed or it is taking more than 20-30 minutes. The baby needs to be comforted by the parent throughout the settling.

Comfort settling is not a rigid programme that parents have to adhere to. Comfort settling is a process where both the parents and the baby are all learning a new skill. Comfort settling sets the groundwork for good sleeping habits. To have good long-term habits the baby needs a secure environment

If settling has been unsuccessful then maybe a walk in the pram, pushing the pram over a small bump on the floor in the home repeatedly, a bath, a feed, a cuddle, the pouch etc are all alternatives.

2.Settling in arms

Some babies fall asleep in their parent's arms. This is fine and may not cause any problems in this age group. The baby may be gently rocked. It is best if the baby is taken away from the main action whilst they are trying to

go to sleep. Parents may need to wait until the baby is deeply asleep before putting him/ her in bed.

3. Pouch

Most babies will settle in a pouch. A pouch enables parents to move about and attend to things that may be difficult to do with a baby in arms. When babies sleep in a pouch they are able to doze off and on through sleep cycles without becoming over stimulated. The quality of sleep in a pouch is the same as it is in the bed.

The benefit of not always sleeping in the bed is that the baby might avoid plagiocephaly. Another benefit of pouch settling is that bonding is promoted between the parent and baby.

4.Self-Settling: Usually suitable for babies over six months.

Identify tired signs.

Change baby, wrapping is an option though generally should not be used for babies over 8 months as a routine.

Establish a relaxing, nurturing routine leading up to bedtime e.g. bath or massage, song or book.

Talk to the baby as the baby is put to bed. If the baby is quiet but awake then leave the baby. If the baby cries then return.

Listen to the baby's cry. Try to determine if the baby is protesting or distressed. If the baby is distressed return and calm the baby firstly trying to keep the baby in his bed but picking up if necessary. If the baby is smiling when you return then the baby although making plenty of noise, was probably coping well with the settling. If the baby takes a little while to calm then the baby probably needed you to go in earlier. The baby could be offered a dummy or drink of water after a couple of episodes of settling.

Although timing is not an appropriate suggestion, if you have parents who you think may go longer rather than shorter, then suggest they do not leave their child any longer than 5 minutes before going in.

The aim is for the baby to learn to settle himself/herself, feeling confident that someone will attend to her/him if she/ he needs it.

Continue this settling for as long as the parents and baby are coping, though a maximum of 30 minutes is usually long enough.

5. Co-sleeping.

Co-sleeping is an alternative that many parents use when they have been unsuccessful using other methods. Some parents prefer the closeness of having their baby close by. When babies sleep next to their mother they receive closeness, warmth and access to the breast. The SIDS council of Australia states there is no significant risk of SIDS for babies of non-smoking parents who bedshare. However they do state that co-sleeping is unsafe if the baby slips under bedding or pillows, gets trapped between the wall and a parent, falls out of bed, is rolled on or becomes too hot. Co- sleeping is unsafe if the parents have been drinking alcohol or are affected by drugs.

Parents who want to co-sleep are best advised to have a firm mattress and light cotton blankets. Another alternative is to attach the cot to the side of the bed and have the side either off or down.

INFANT SLEEP

What is sleep? Sleep is a physical and mental resting state in which a person becomes relatively inactive and unaware of their environment.

There are two types of sleep which we all do. REM sleep and Non REM sleep. REM sleep is when most of the dreaming occurs. Adults spend about 20% of their sleep in this dreaming or REM sleep whilst infants and children spend about half their sleep dreaming. This is why their sleep seems so much more restless than our sleep. Babies have short sleep cycles around 40 minutes compared to children who have a sleep cycle of 120 minutes for their first 3 hours and then around 100 minutes for the rest of the sleep. Adults sleep cycles are around 90 minutes.

Because babies and children have different sleep patterns than adults it is important to remember that they will be moving a lot more during the night. They will often be seen to swallow, pass wind and wriggle. This does not indicate that there is something wrong, as it is normal behaviour.

Most babies need help to go to sleep.

New Babies usually spend around 15-17 hours sleeping. Sleeping usually predominates during the day with a gradual change to more nighttime sleeping by around 3 months. The amount of sleep that individual babies need, can vary from 10 hours to 18 hours. Sleep can be in a variety of settings rarely does it all happen in the bed.

Babies enter sleep through a light sleep cycle lasting about twenty minutes.

Babies usually awaken two or three times a night from birth to six months, once or twice from six months to one year and may awaken once a night for one to two years.

Babies sleep habits are more determined by individual temperaments than the parents' ability to get the baby to sleep.

Sleeping through the night for little baby's means sleeping for five to six hours.

Just like most things you can't force a baby to go to sleep just give them the opportunity.

Sleep time decreases to around 14-15 hours by 4 months and then stays at that level until 8 months to 12 months. A further decline to about 10 –12 hours occurs between 3-5 years of age.

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Can We Bear to Look?

Cultures: Others and Our Own

By Ms. Sarah Jones
Psychotherapist, Private Practice and Senior Social Worker, Mental Health Service, Royal Children's Hospital, Melbourne, Australia.

Professor Linda Richter's visit to Australia, from South Africa, enabled those in the Victorian group of the Australian Association of Infant Mental Health (AAIMH) to continue their rich discussions on infants and their culture. Over the past year, our AAIMH meetings have included presentations and films from colleagues from Vietnam, Somalia, and India.

Linda Richter was in Melbourne just before the Amsterdam World Association of Infant Mental Health (WAIM) conference, where she was a plenary speaker. At our AAIMH, Scientific meeting we were rewarded by her talk on "Infants and the South African Experience". We were informed by both her discussion on culture and the infants' experience, her work on promoting resilience using brief interventions and also by her analysis of why cultural enquiry may be missing.

Linda was invited to be a Visiting Infant Mental Health Scholar at the Royal Children's Hospital in Melbourne by psychoanalyst Mrs.Thomson-Salo and child psychiatrist, Dr. Campbell Paul, following her video-workshop at the WAIM 2002 Montreal conference. During her two-week visit to Melbourne Professor Richter gave several lectures at the Royal Children's Hospital, and offered consulting times with staff. She was also able to meet specialists working in the field of trauma and human trafficking, as well as international and community child health experts.

Her mission and her message?

Linda Richter is the Executive Director of the Child, Youth and Family Development Research Program at the Human Sciences Research Council and Professor in the School of Psychology at the University of Natal in South Africa. Also as a child psychologist she is very involved in research, treatment and advocacy in public policy development for infants and young children in South Africa. Her in research in many areas of child development includes risk and protective factors for child and adolescent health and developmental outcomes, women's health and well-being, psycho-social aspects of sexual and reproductive health including HIV, AIDS, social science methodology and the theory and practice of psycho-social intervention and evaluation. In addition she has been a consultant to the government of South Africa and to the World Health Organisation. Currently she is interested in the stressful and protective factors for children at risk in the face of severe adversity and malnutrition. Integral to her work is looking at ways in which mood and affect is communicated between caregivers and babies and how they influence decline and recovery in extremely vulnerable children.

Linda expounded on one of the most important tasks of her agency was to find ways to persuade government authorities and international fund-holders to develop and implement health care policies that encourage the promotion of resilience amongst the poorest and most deprived groups of children. She has harnessed her extensive experience to show how brief interventions with children, ones that are both successful and achievable, can promote survival and improved resilience. Linda does this by using a trauma and attachment framework to promote local people to work with extremely emotionally and physically deprived infants and children. Her films demonstrate the power of brief interventions; delivered by attuned non-professional workers whose role is to offer empathic connections to mothers and infants.

Film And Fieldwork With Deprived Infants And Children.

Linda and her husband, psychologist, Dev Reisel, have made a number of films which poignantly picture distressed infants helped by focused attention from care givers. Carrying on the work of Renee Spitz (1) who filmed infants in America and Mexico and James and Joyce Robertson (2) whose ground-breaking films are still being watched 50 years after they filmed children in hospitals and homes in England, Richter and Reisel's films have enormous potential to influence health funding bodies. Made in Angola, the films were tools to demonstrate to crisis funding organisations the vital necessity of providing and resourcing good psycho-social care giving in addition to that of medical and nutritional assistance. Some of the children we saw on Linda's films were potentially so depressed and non-responsive that they seemed beyond help, yet the films show that humane contact can save lives, or prevent some children from living a tortured isolated life under the assumption that they were unreachable. One infant captured on film was barely distinguishable from a pile of rags, with flies buzzing over a small amorphous heap of cloth. We watched what happened to this little infant, whose drive for life appeared extinguished, as she was drawn back into life by a carer's gaze, care and touch. These superb films moved the Melbourne audience, many of whom sat in awe at the power of such interventions.

Linda wanted to show us something of her own work in the area of reaching deprived and emotionally shut down infants and children. It is through the use of indigenous field workers trained not as infant mental health clinicians, but to be facilitators for these infants, engaging them sufficiently that

they are able to re-emerge into a relationship. Sounds a bit magical? The videos were testimonies to their capacity to reach these lost infants, with the humblest of interventions.

As Spitz and the Robertsons' films changed practices, albeit slowly, we have great confidence that Richter and Reisel will be able persuade aid organisations that money directed to the psychosocial aspects of Third World health is vital.

Culture, What Culture ?

In her AAIMH talk Linda concentrated on developing further understanding of culture, which she described as:

"agreed ways of doing and thinking about things, not limited to ethnic culture".

Linda spoke of the conundrum that despite the rubric of cultural sensitivity on mental health agendas, there is not a high priority on research and enquiry on parent-infant cultural practices. She mentioned that in April this year, an infant mental health conference in Cape Town had the title "Infants in Changing Cultures". Despite the emphasis on culture she was disappointed that a more thorough examination of cultural practices was not undertaken, even in the multi-cultural environment of South Africa. Although there is a burgeoning interest in cultural studies in other fields, there is neglect of the topic in the wider infant mental health research network. At the Cape Town conference Linda spoke on "Strengthening infants and children" – a direct translation of an expression in isiZulu of practices to strengthen the neonate and the young infant against a variety of mishaps that can endanger health and wellbeing. Many of these practices involve the use of "muties" – local herbal and manufactured substances intended to prevent wind, ward off evil forces, attract the benevolence of ancestors and so on. The substances used have a fascinating history that can be traced through slavery and colonialism – which have since been adapted locally. Linda regards the longevity of these practices for mothers and infants as attempts at control and empowerment; a form of knowledge appropriation.

Linda cautions us, that we can easily be misled into ascribing "culture" only to others; especially people perceived to be "exotic others", people who can be thought to be less developed and less rational than ourselves. This can lead us to being blindly unaware of our own cultural imperatives. Linda's enquires in Melbourne led her to visit two chemists, where she found that "gripe water' was widely used there for infants, as in other parts of the world, where such medicines are multi-million dollar industries. What do we know of these practices? Why do studies on infant crying seldom mention the methods many people use to calm babies and deal with fretfulness? In this sense she feels we need to work more to understand local cultural practices surrounding infancy.

Reflecting on our own Australian culture regarding infants we find a lot of talk about "controlled crying" methods of sleeping, as well as the risks of co-sleeping. How much of these views are steeped in cultural antecedents? Anglo-Saxon babies have probably not, amongst the middle class, slept predominantly within their parents' bed for centuries, yet Asian infants regularly do so. In the seventeenth century those who had the means to employ them used wet nurses to feed their babies. Now we consider this both quaint and monstrous. What will future generations think of our "controlled crying" culture, begun in the mid-1980ies? AAIMH has been vocal in the need for a closer examination of what kind of messages we are teaching our new parents. Many of these parents are starting parenthood in their mid 30ies, unlike three decades ago when the average age of first time mothers was in the low 20ies. Is the popularity of the controlled crying model of sleep related to this older demographic of parents, who are used to *their* adult sleep routine? Are we sanctioning a message, which says: "don't respond to prolonged infant distress" i.e. wear them out before they wear you out? These are some of the loudest cultural messages about infants of our age in Australia and elsewhere. Many infants need help to settle and to learn to manage being alone to sleep. Circumstances such as the baby's age, temperament and environmental factors often are overlooked by techniques, which require a rigid formula of parental withdrawal during infant distress. Australia's AAIMH newsletter has been a forum for dissent and examination of controlled crying, but perhaps we have overlooked doing so from the viewpoint of parents and infants from different cultures?

The Twinning of Fantasy and Ritual.

Linda spoke of infancy being a period of diminished control for caregivers. When babies' temperatures rise, their skins cover in rashes, their stools change colour and they cry for uncertain reasons, parents and caregivers get anxious. The anxiety attached to these difficult-to-read-signals provides fertile ground for fantasy. Rituals exist as ways to give meaning and approbation to these fears.

Linda proposes that in this context she sees rituals as:

"attempts to guard against possibilities, to avert illness and accidents, to safeguard and strengthen children so that they may survive and thrive".

Rituals for infants involve the use of substances such as gripe water and tea, creams, routines around sleeping and feeding and so on. There is much we need to know about these activities and the beliefs that generate and maintain them.

Have we grown accustomed to our own hegemony, as if infancy was only what professionals say it to be, and not what is acted out in homes, passed on by family, women's groups and even health professionals? For example in South Africa, enemas for babies – a highly undesirable practice from a medical point of view, but commonly used – can be seen as attempts to deal with the insecurity that comes from caring for a small child. These insecurities are frequently not allayed by sophisticated health care systems, which overlook parents' beliefs, and the practices that underlie them. These anxieties and rituals need to be understood and worked with more explicitly.

Culture – Blindness And Insights

Linda proposed four ways of understanding knowledge and blindness related to cultural influences and differences:

(i) Cultural Blindness

First she asks whether or not we have blocked ourselves off from cultural knowledge, in the sense that it seems seldom to be a central area of enquiry.

Do we, as professionals, become complicit in not enquiring; the message then given is that cultural difference is not to be known/not relevant? Referring to her own observations when teaching paediatric medical students, she described encounters between mothers with babies where the information about breast feeding missed entirely the implicit cultural models people have in their minds as evidenced by the content (babies bottles) of their baby bags. Is this related only to inexperience or just insensitive health care professionals? Whatever the explanation, cultural values, both of recipients of health care and the providers, can go unexamined, and yet this may have the greatest power over people's behaviours. An example is the view of some health providers that infants should be exclusively breast fed for 4-6 months, with no need for supplementary water, juice or formula for babies' thirst. Yet mothers are raised on the view, passed on from generations that babies get thirsty and will be in need of these other fluids. This raises the complexity of what to do with cultural beliefs that differ from the edicts of allopathic medicine, and how then to manage the clash of cultural beliefs. Such cultural beliefs are pervasive, widely held, also in multi-cultural Australia, and yet how frequently do we deal with them in our encounters with clients around the infant's health and development?

(ii) Power of cultural beliefs systems

Second, Linda hopes to see informed cultural studies undertaken on how to best align folk practices with public health messages in ways that do not undermine the best efforts of caregivers to nurture their infants. She suggested that it may be those parents/caregivers who are guided by coherent belief systems, even if they are not scientifically "accurate", who may be able to act with greater awareness and purpose in the care of their infants than women who do not have such guiding belief systems. The cultural narrative itself, may give the caregiver some containment in managing the unknown.

(iii) Social-Cultural Beginnings

A third way of understanding more about cultural influences is based on Colwyn Trevarthen's work on Mother-Infant (M-I) interchanges, which have within them the infant's acquisition of culture. Trevarthen (3) contends that "human beings are not merely social, they are inherently cultural. Infants are born with motives in their complex brains that lead them to learn through communicating about intentions, interests and feelings with trusted companions, and to interpret with them a common reality". And the so-called "complex emotions, the interpersonal sense of pride in admired accomplishment", and "shame" in being misunderstood or disliked, are part of the innate human moral condition". The interchanges that many of us study are profoundly cultural in the sense that the infant is not just acquiring language and cognitions, but highly particular and perceptual ways of thinking feeling and saying in their shared exchanges with intimate caregivers.

(iv) The Politics of Unexamined Culture

Finally, Linda questioned whether we are paralysed by cultural relativism –the idea that each culture does things differently, and well, considering the goals inherent in human activity in that culture. But this position ignores inherent gender inequality around the world, social injustice, political corruption, underdevelopment and exploitation – all of which put children at risk. Do we accept the burka for young girls, who can become so vitamin D deprived that their nutritional status permanently impoverishes them physically? If we take no stand on genital mutilation are we respecting culture or avoiding the pain of dealing with our own moral/ethical confrontations?

Linda then went on to challenge some of the prevailing beliefs in the IMH world, put forward by distinguished academicians based on work done in Samoa, Kenya and Uganda. There is a belief that proto-conversations, in which caregivers treat infants as communicative partners, do not occur amongst these non-Western groups. This needs serious questioning, according to Linda, as her observations show otherwise. How can our theories of language acquisition and socialisation, which are assumed to be universal, allow the possibility of human social groups lying outside such theories?

Linda's AAIMH talk and films showed us the energy and commitment she has for clinical interventions, research, and teaching, and combined this with a knowledge of the political and historical background necessary to make a difference in such a complex world region. Alongside multiple references she told lively stories of controversial encounters in the field. Linda also affirmed our own AAIMH commitment to working with those from other places. She gave meaning as to why we sometimes do not look 'culture in the face' and why as infant mental health workers we are compelled to do just this.

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This article was first published in The Signal, The Newsletter of The World Association for Infant Mental Health.

Australian Association for Infant Mental Health Inc. and Marce Society present a JOINT CONFERENCE

Building Better Beginnings:
Perinatal and Infant Initiatives in Context

INTRODUCTION:

We are working together this year with the Marce Society and Helen Mayo house (our Adelaide inpatient facility for mothers with post natal depression).

KEYNOTE SPEAKERS WILL BE :

Dr Kent Hoffmann from Spokane USA who has developed the circle of security project - an attachment based model for working with high risk infants and their parents. He will be doing a full day workshop before the conference with Helen Mayo House which will be introductory to many of the concepts he uses and especially for people who are not fully familiar with attachment theory, brain research etc. Then on the first day of the conference he will have a full day to present his working model in depth.

Dr Astrid Berg from South Africa. Some of you will have heard her inspiring keynote address at the Montreal World Conference. She will be presenting on her cross cultural work with parents and infants.

Dr Margaret Oates from UK. Dr Oates will be presenting on maternal mental health issues around birth and the neonatal period.

SCHEDULE:

The conference will be preceded on Wed. 23rd July by workshops organised by Helen Mayo House, Adelaide, including a full day workshop presented by Kent Hoffman and focusing on attachment theory and brain development. This workshop can stand alone and will also be an important introduction for conference participants who are not familiar with attachment theory and who will be attending Dr. Hoffman's presentations on Day 1 of the conference.

On the first day of the conference (Thursday 24th July) Kent Hoffman will present an advanced workshop leading participants through his program designed to alter the developmental pathways for at risk parents and their young children. A concurrent session will focus on aspects of severe postnatal mental illness.

The remainder of the conference will comprise plenary addresses, concurrent workshop and paper sessions, and a poster display.

WHEN AND WHERE ?

24~26 July, 2003, Adelaide University
(Helen Mayo House Workshops: 23 July 2003)

HOW MUCH?

It is anticipated that the cost of conference registration will be approx. **$375** for Marce and AAIMHI members (including the conference dinner). There will be a separate charge for the Helen Mayo House workshops.

CALL FOR ABSTRACTS:

First and Final call for Abstracts.
Closing date for receipt of Abstracts: Tuesday, 15 April, 2003.

Proposals for papers (30 minutes INCLUDING 10 minutes for discussion), posters and workshops (90 minutes) are invited.

Please forward abstracts by email to:
Info@conorg.com.au

Or on a floppy disk to:
AAIMHI/ Marce Conference
C/- The Conference Organiser
PO Box 385
Malvern, Victoria 3144

If you wish to be included in the mailing list to receive advance program and a registration brochure, please send your contact details to the above address.

CONTACT:

For further details regarding the meeting, please contact:

The Conference Organiser
PO Box 385
Malvern, Victoria 3144
Telehone: (+61) 03 9509 7121
Fax: 03 9509 7151
Email: info@conorg.com.au
www.wairua.co.nz/marce/

Qld NETWORK NEWS

Qld BRANCH REPORT **by Debra Sorensen**

The branch held its first meeting for the year in late January. Beulah Warren's visit to Qld at the end of last year drew fresh interest and made a small profit. The scientific program for 2003 was discussed and a decision was made to hold a monthly clinical/research meeting, with a bi-monthly committee meeting. This will mean a busier but with a few new faces on the committee there will also fresh energy.

Vic NETWORK NEWS

Vic BRANCH REPORT **by Michele Meehan**

Victorian Branch Report: Michele Meehan

Our new committee met last month after the New Year. Our main planning has been around the scientific program for our members and we have the year planned, and now need to confirm the speakers agreeing to present.
We have acknowledged that now this is underway our main energies will be directed at the World Congress. We are planning a weekend workshop (at Ann Morgan's place in Shoreham) on 2nd March to help get the major task addressed and underway. We will be developing a series of work groups who will take up an area of responsibility and run with it. We have an enthusiastic committee and hope to garner more helpers, as the tasks become clearer. We will advise how you can help.

A brief report from the Regional Vice President:

The main activity has been around the 2004 Congress,seeking the Plenary speakers and exploring other suggestions for presentations for Jan 2004. We ae still keen for links with colleagues in Asia ,so any contacts I would welcome. We ,here at the Royal Childrens Hospital in Melboune had a visit form Mrs Thuy ,psychologist from Hanoi last year ,and there may be a child psychiatry team going there for teaching later. Please keep AAIMH in mind with OS connections. We look forward to the Adelaide meeting . Brigid and I are very involved in the practical planning for 2004 also. We would welcome concrete or conceptual ideas fro symposium or congress sponsorship.

Campbell Paul

NSW NETWORK NEWS

NSW BRANCH REPORT **by Marianne Nicholson**

The AAIMHI NSW Committee met last week and planned a series of seven seminars around different themes of attachment with a "D" Workshop Day in the middle with Robyn Dolby. The other plan was meetings at which members would present cases or topics for discussion. These meetings will be smaller, move around the city and only be advertised in the Broadsheet. The work of Gary Ezzo was discussed and ways of putting out an attachment parenting message to counter his message were discussed. Some articles in Sydney's Child etc but no mention was to be made of Ezzo in these articles. We discussed an article for the Newsletter, there was some concern about being sued and how great care would have to be taken.

A Parent-Child Mother Goose Program

The Parent-Child Mother Goose Program

is coming to Australia in September 2003.

You can become an accredited P-CMGP teacher.
The Parent-Child Mother Goose Program is having great success with parents and children across Canada and America. Teachers from the program are travelling to Australia in **September 2003** to **train education and health professionals in facilitating ten-week programs of classes**.

The classes are attended by small groups of parents and their babies and toddlers or pre-school children to learn finger rhymes, action poems, stories and songs. Every session ends with a story told to the parents, so they too can experience the benefits and wonder of immersion in oral language. The classes allow parents to observe their children and other's behaviour, learn about early childhood development, expectations and responses, as well as bond through the language program. Organisations interested in facilitating The Parent-Child Mother Goose Program seek funding to offer the classes free to parents.

A kit is available that contains considerable information about the program which includes an introductory letter, benefits and participant comments, costs of training to become an accredited Mother Goose teacher, a flier, a two page summary of the history and structure of the program plus **a video which shows a class in action**.

Contact Cindy-Lee at The Storytelling Garden on
03 9758 4751
more information at www.storygarden.com.au