

Mother-Infant Relationships

Workshop, Wichita
September 26th, 2003

A Portfolio of Postpartum Disorders

NOT

- The maternity blues
- postnatal depression
- puerperal psychosis

Many disorders, under these main headings

- Mother-infant relationship disorders
- Anxiety, Obsessional & Stress Reactions
- Various psychoses
- Depression



Reasons for Concept

“Postnatal depression with impaired mother-infant interaction” will not suffice, because:

- An abnormal relationship is a different phenomenon from a mood disorder. Both are based on affect (emotional response), but one is a specific response targeted to the baby, while the other is a general loss of vitality, with the emotional target centred on the patient's self-concept and prospects.
- Impaired mother-infant interaction is merely the behavioural consequence of an emotional lesion.

Reasons for Concept

- There are several different reasons for impaired interactions, which include anxiety, phobic & obsessional disorders as well as threatened and established rejection.
- The mother-infant relationship can be abnormal without depression (Righetti-Veltema *et al*, 2002). In clinical practice it often appears to be much more severe than associated depression, or to have a different time course. In Anglo-NZ study, it was present *with* clinical depression in **33** mothers, and *without* it in **13** mothers.

Disorders of the Mother Infant Relationship

- Righetti-Veltema *et al* (2002) followed through a cohort of 570 Swiss women from pregnancy.
- They assessed postpartum depression by EPDS and mother-infant relationship by Guaraldi & Bur scales.
- On the Guaraldi, inadequate holding, gazing & talking, lack of pleasure and awkwardness were found in 11-31% of depressed and 3-24% of non-depressed women
- On the Bur, 22% of depressed and 11% controls had pathological interaction scores.

Primary Bonding Disorders

The relationship disorder seems primary when:

- It precedes the depression
- The depression seems mild, relative to the gravity of the relationship disorder
- The mother feels better when she is separated from her infant
- Successful treatment of the relationship disorder simultaneously cures the depression

Reasons for Concept

- This affects only a minority of depressed mothers . It is important to select those who do for special attention, and not to stigmatise the others. In Anglo-NZ study, only 33/84 mothers with mild or moderate depression had a moderate or severe “bonding” disorder
- The treatment of depression and of the disordered mother-infant relationship are different. "Bonding disorders" may respond to anti-depressive treatment, but often require specific psychological treatment – especially play therapy. These disorders respond very well to specific treatment.

Reasons for Concept

- The risks are higher in mothers with a disordered infant relationship. It is probable that emotional deprivation with its effects on the child's cognitive development, child abuse, child neglect and infanticide are much commoner in this group.
- It is therefore important that health service managers, general psychiatrists, general practitioners and the public are aware of the distinction, of the risks involved and the excellent treatment response, so that 'bonding disorders' can be identified and referred for early expert treatment, and facilities can be provided.

Reasons for Concept

- The aetiology is probably different from postpartum depression, with more emphasis on unwanted pregnancy and abnormal infant behaviour.
- At the level of research, this concept will sharpen the focus of scientific studies aiming to prevent child abuse, neglect and infanticide.

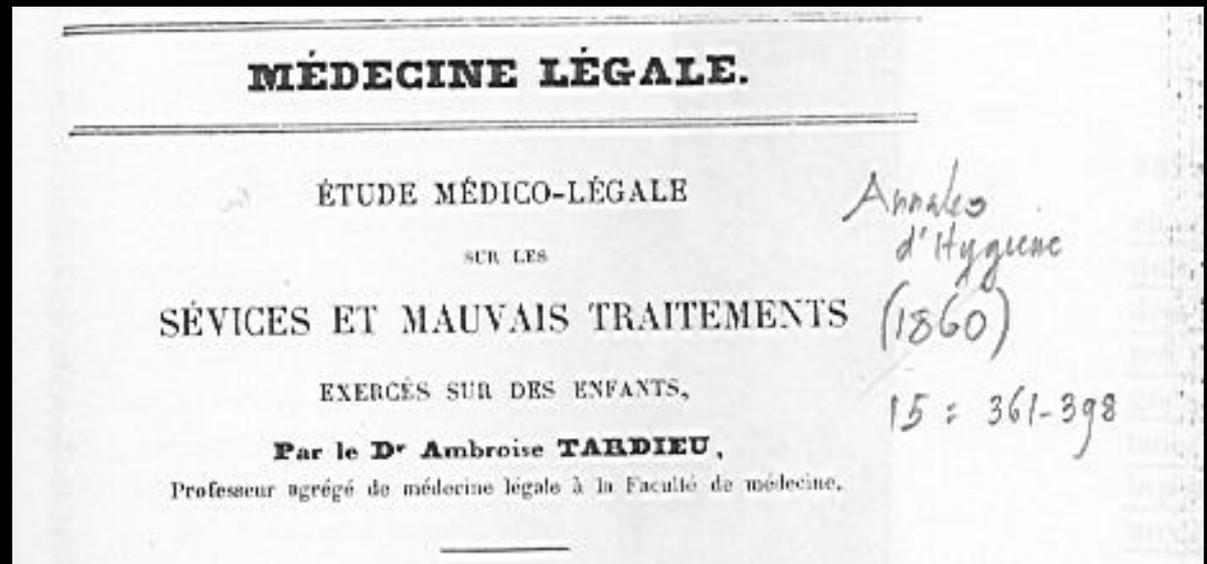
Problems

- Lack of recognition in DSM or ICD
- “Hatred” is not in other contexts considered an illness → less protection in Courts

A mother has to provide total care 24 hours/day, 7 days/week, *sine die*, for a hated child.

In UK, Infanticide Act of 1922 recognizes the special demands of childbirth.

Original Description of Child Abuse: Tardieu (1860)



Tardieu (1860): the Effect on the Children

'One is struck by the facial appearance of these poor children, exposed to ill-treatment and privation. Their faces breathe sadness. They are timid and fearful. Sometimes their eyes are dull, but often express a burning resentment. It is amazing how rapidly their physiognomy changes, when they are rescued and put under protection'

Rejection: Oppenheim's (1919) *Misopädie*

- A 36 year old woman with tocophobia married on condition she would never become pregnant
- She was bitterly angry when she conceived
- After the birth, she was cold & indifferent, and unable to cuddle or kiss her daughter, who seemed like a foreign being
- Her husband had to employ another woman to care for her
- A 36 year old 'tomboy', with a prejudice against children, made a suicide attempt on her wedding night
- In her 1st pregnancy, she threatened to drive a nail into the foetus, but bonded well
- She reacted with the same fury to the second pregnancy. She hated the child, who remained at home
- She refused to see the third child, who was admitted to an institution

Severe 'Bonding' Disorders

There are two main dimensions

- Lack of response, with estrangement - 'not my own baby' → (when severe) hatred and rejection
- Anger → verbal loss of control → abuse

Definitions

Rejection

- Mild impairment of maternal emotional response
Disappointment about feelings for infant
_____ or feeling of estrangement
- Threatened rejection
Wish for temporary relinquishment of child
- Established rejection
Hatred of child
_____ or wish for permanent relinquishment
_____ or wish for cot death or child stolen

Definitions

Pathological anger

- Mild

 - Loss of verbal control at least twice

- Moderate

 - This plus impulses to harm child *

- Severe

 - At least one episode of frank abuse

- * Exclude mothers with obsessional impulses

Signs of Rejection

- Feeling trapped
- Regret about pregnant - “it’s ruined my life”
- Hostility to the child - “I hate its guts!”, “Bitch”
- She may wish it had been still-born
- She may not tolerate the cry or smell of baby
- She may not be able to look at it

Signs of Rejection, continued

- Feeling better when away from the baby
- Attempts to escape
- Requests that the infant be cared for by another family member, or even adopted
- Covert or overtly expressed wish
 - That the baby is stolen
 - For cot death!

The Wish for Cot Death

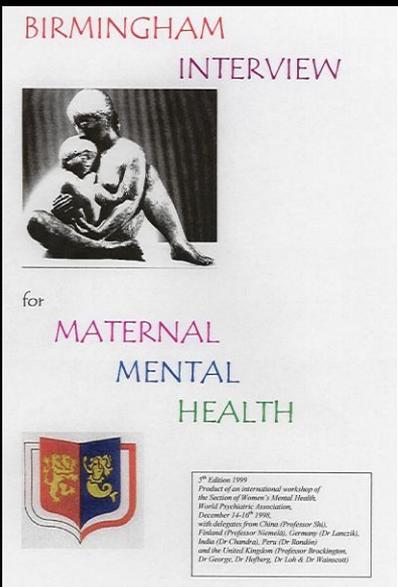
- A mother looked forward to “a beautiful baby tucked up in bed, or going for walks, proudly pushing a pram”
- But he went only one hour between feeds, and cried unless held. One night he screamed for 5 hours. In the pram he would scream constantly, and strangers would stop to tell her what was wrong
- After 10 days she was exhausted - “the biggest mistake of my life”
- She considered having him adopted, moving away to start again
- Later she shared her feelings with her husband - “we were surprised to learn that we *both* thought a cot death would be a welcome release”

Attempts to Escape

- A multiparous mother became depressed after the birth of her third baby, and was 'unable to cope'
- She took a train to London for no known reason
- She was admitted to hospital *without her baby* for 3 weeks, and investigated in the usual way. She seemed quite well, and was discharged without the relationship disorder being suspected
- After returning home, she ran away twice, and made a suicide attempt. She could not tolerate the presence of her infant
- She was reluctantly persuaded to accept admission to a mother and baby unit. She rapidly responded to treatment

Birmingham Interview: 5th Edition

- June 1999
- 70 pages
- 120 compulsory probes including 24 about mother-infant relationship
- 175 ratings
- 2 hours



Birmingham-Christchurch Study: Frequency of Bonding Disorders

- Consensus diagnoses of rejection of the infant were made in the whole series of 206 mothers
- Established rejection
(hatred, wish to relinquish, for cot death) 21(10%)
- Threatened rejection
(temporary relinquishment) 30 (14%)
- Bonding delay, ambivalence 34 (16%)

Birmingham-Christchurch Study: Frequency of Bonding Disorders

- Consensus diagnoses of pathological anger were made in the whole series of 206 mothers
- Severe anger (frank abuse) 17 (8%)
- Moderate anger (impulses to abuse) 25 (12%)
- Mild anger (loss of verbal control) in 17 (8%)

Birmingham-Christchurch Study: Frequency of Bonding Disorders

- Consensus diagnoses of pathological anxiety were made in the whole series of 206 mothers
- Mild infant-focused anxiety 24 (12%)
- Phobia for infant 14 (7%)

Postpartum Bonding Questionnaire

- **Developed by University of Birmingham, with Dr John Oates of Open University**

- **25 items**

- **Four factors - general bonding (12 items), rejection & anger (7 items), anxiety (4 items), incipient abuse (2 items)**

Factor 2 - severe bonding disorder

I LOVE TO
CUDDLE MY
BABY

I ENJOY PLAYING
WITH MY
BABY

•I FEEL
ANGRY WITH
MY BABY

•MY BABY
ANNOYS ME

I FEEL DISTANT
FROM MY BABY

THE ONLY SOLUTION
IS FOR SOMEONE
ELSE TO LOOK AFTER
MY BABY

I REGRET HAVING
THIS BABY

Factor 2 - severe bonding disorder

Mean scores from 1st and 2nd validation studies

- Normal mothers **3.1**
- Depressed mothers with normal bonding **5.1, 5.1**
- Mild bonding disorders **11.8, 9.2**
- Threatened rejection **16.4**
- Severe bonding disorders **23.5**

Factor 2 -Rejection (Second Validation)

- Cut-off point from 1st validation study **17**
- Spread of scores **0-34**
- Reliability (κ for rejection) **.90**
- Specificity **.84**
- Sensitivity: **.88**
- Threatened rejection with threshold **12** **.88**

Pathological Anger

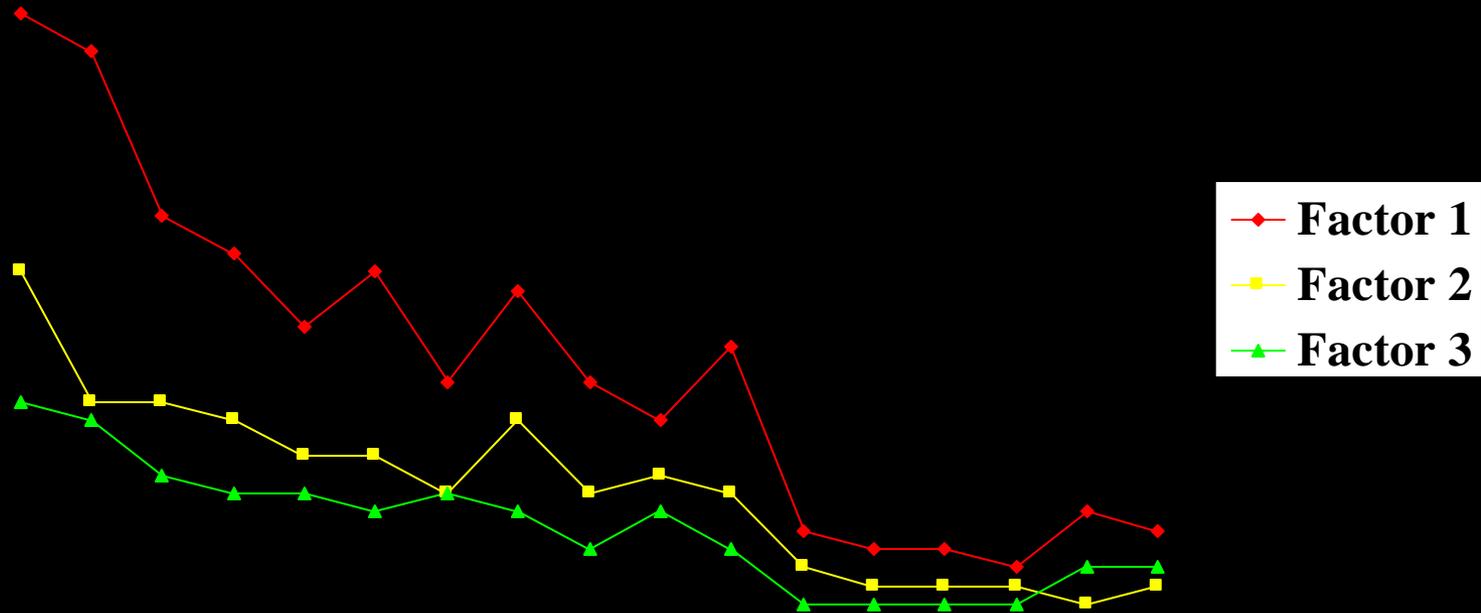
- No separate factor emerged
- Reliability at severe grade **.90**
- Sensitivity of scale 1 (threshold **12**) **.88**
- Sensitivity of scale 2 (threshold **17**) **.67**
- (threshold **12**) **.73**
- Scale 4 (incipient abuse) (threshold **1**) **.47**

Pathological Anger

Interviews are necessary, conducted by person who has gained the trust of the patient, asking questions like,

- “ What does (name of baby) do to make you angry?”
- “ How do you handle your anger?”
- “ What was the worst thing you did to your baby?,
- “ What was the worst thing you had an impulse to do?”

A Patient Followed for 17 Weeks



Long Term Effects

Long-term effects

- Scandinavian & Czech cohort studies of unwanted pregnancy (eg. Myhrman, Randtakallio & colleagues, 1988, 1990 & 1996 - Northern Finland Birth Cohort)
- Increased schizophrenia, criminality

Long Term Effects

Long-term effects

- Studies of the effects of “Postnatal Depression” on the child
- Murray *et al* (1996) studied 61 Cambridge mothers and 42 controls, using brief audio- and videotapes of interaction @ 2 months
- These interactions (not depression) predicted cognitive functioning @ 5 years ($r=.29$, $p<.05$).

Maternal Suicide

- A 30 year old mother, 'hated by' her own mother, was happily married. She unilaterally decided to stop contraception and conceive. She became depressed 6 weeks after childbirth. She began to think that it was a mistake to have a baby, and wished they could return to their happy life as a childless couple.
- It became apparent that she had profound misgivings about motherhood itself, because she feared that she would behave like her own mother.
- She pressed for adoption of the baby, but her husband was reluctant.
- She absconded from hospital, filled a rucksack with stones and drowned herself.

Long Term Effects

Probable, but not yet established

- Child abuse, and abusive filicide
- Child neglect

Possible Causes of Bonding Disorder

- Unwelcome pregnancy
- Unfortunate events at the time of childbirth
 - Death of a twin, previous stillbirth, painful delivery
- Infant's contribution
 - Sick infants, delayed social responses, persistent crying, failure to sleep, feeding difficulties, vomiting, a difficult temperament
- Postpartum depression (depressed mothers may lose an established 'bond')

Clinical Assessment of Mother-Infant Relationship

Preliminary assessment by interview

- the mother's account of the pregnancy
- her feelings about the infant
- any morbid ideas & aggressive impulses
- severity of depression

In severe, intractable cases

- Conjoint in-patient admission with 24-hour observation by a multi-disciplinary team
- Each member of the team contributes to the overall picture

Multi-disciplinary Assessment

- The **psychiatrist** monitors the mother's mental state
- The **social worker** assesses family and network support
- A **psychologist** may be involved in specialised assessments
- The **nursery nurse** assesses the baby
- The crucial assessments of maternal behaviour are made by **psychiatric nurses**, who keep a shift-by-shift record of salient incidents, reporting
 - the mother's statements about the baby
 - her competence and skill
 - her affectionate behaviour
 - her response to crises

Treatment of Bonding Disorders

Principles

- Where there is rejection & hostility, the first decision is whether or not to treat
 - If (as in most cases) it is decided to embark on treatment, the mother is not separated from the baby
 - Treat depression by psychotherapy, drugs & (if necessary) ECT
- (continued)

Treatment of Bonding Disorders

Principles, continued

- Focus on the mother-infant interaction
 - If abuse is feared, she is never left alone with the baby
 - She is spared all irksome care - trying to calm a screaming infant
 - She is supported in all her interactions with the infant
 - When both she & the baby are calm, she is helped to talk, play and cuddle

Play Therapy

The aim of treatment is to create circumstances in which mother and infant enjoy each other

- Various techniques can be used to facilitate this
 - Play therapy with participant modelling
 - Baby massage
 - Singing lullabies
 - Mother & infant bathing together



Decision NOT to Treat

- A 35 year old mother presented after her 4th (unwanted) pregnancy
- She 'did not take to the baby', who was being looked after by her own mother, with whom she lived
- When offered day hospital treatment, she panicked
- Her mother intervened to explain that the patient was 'not maternal' and had delegated care of all 4 children
- Treatment consisted of reassuring her that it was perfectly satisfactory for the grandmother to mother the infant
- After 3 years, the toddler wheedled her way into her mother's affections, and she formed a good relationship

The Power of Playing

- An intelligent good-hearted mother failed to attach to her baby, and tried to escape
- She was seen at home by a health visitor, who told her that she was not playing with her baby properly. The nurse proceeded to demonstrate how to 'romp' with a baby. As she walked on all fours, with the baby on her back, the little boy cackled with laughter
- The mother copied her and, at the next visit, said that 'something had happened' - she felt a pang when her baby was taken to the child-minder
- She recovered within a week

Successful treatment after 3 years

- A newly-wed looked forward to her first baby - a boy
- She developed postpartum depression & rejected him
 - “I can’t bear him. I don’t want to know him”
- The child was taken over by her mother-in-law, amidst severe family friction. There were suicidal attempts & homicidal threats
- She failed to respond (as in-patient or day patient)
 - several courses of antidepressant drugs, 3 courses of ECT, psychotherapy by 2 gifted therapists & marital therapy
- After 3 years, *4 sessions* of participant play therapy established a normal bond, and her depression evaporated

Treatment of Bonding Disorders

Research

Two studies have shown the value of baby massage in improving mother-infant interaction (Field *et al*, 1996; Onozawa *et al*, 1991)

Treatment of Bonding Disorders

Research

- Wendland-Carro *et al* (1999) randomly gave 37 mothers videotaped instruction on interaction with babies or care-giving skills.
- One month later home observations showed increased sensitive responsiveness in mothers instructed about interaction.

Treatment of Bonding Disorders

Research

- *Cooper et al (2002)* followed through Xhosa women in South Africa
- They randomly assigned them to 20 visits by unqualified community workers and routine care
- Those given support had better mother-infant interaction
- The children had greater height and weight

Setting of Treatment

- Even severe bonding disturbances can be treated at home, provided that there is sufficient family support to safeguard the infant, and spare the mother all irksome caring
- A day hospital can provide all specific therapies
- **Conjoint** hospital admission is necessary in intractable cases, or in the absence of home support

Admission of the mother without the baby merely postpones and aggravates the problem

Research Priorities

- There has been very little research on severe disorders of the mother-infant relationship
- Even the methods of study have not been established
 - SRQs and interviews cannot suffice
 - Observation is the gold standard, but 5-minute videotapes may not detect or discriminate
 - More prolonged observation probably necessary
- Cohort studies to determine predictors
- Link of child abuse & neglect

Thank you !



Treatment of Postpartum Mental Disorders

Lecture in Helsinki
October 24th, 2002

Kiitoksia paljon!

