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thanks were given to the group for putting so much time and effort into making sure that this conference was such a smooth-running and stimulating event.

An Aboriginal parenting crisis

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In the Northwest Kimberley region of Australia there is a truly tragic situation. I was working there recently with the senior regional paediatrician (Dr John Boulton) who explained that infant mortality among the Aboriginal population is far higher than the Australian average. From an audit of five years of deaths of children under the age of five years, the estimated IMR was 17.1 for the Aboriginal population and 11.2 per 1000 for the total population, in comparison with an IMR for Perth metro non-Aboriginal infants of around 2 per 1000 (Boulton & McDonald, 2011).

The prevalence of foetal alcohol syndrome in the communities of the remote Fitzroy Valley and those in and around the outback town of Halls Creek was as high, in some years, as one third of births. This was before the implementation of alcohol restrictions on the sale of full-strength beer in the last few years.

Growth faltering from insufficient food energy during the weaning period is endemic in remote Aboriginal communities. This situation leads to an enormous burden of future preventable disease that children eventually suffer and the result is 'an Aboriginal parenting crisis'. There are a lot of factors contributing to this.

One is the devaluing of traditional culture. From films and anthropological writings it is clear that traditional infant rearing practices were robust over tens of millennia but many of these are no longer practiced.

Another is that it has not been understood how issues of life, health and death are seen differently from an Aboriginal perspective and post-colonial situation. In Aboriginal society belief systems about causality from sorcery, retribution, and respect for the autonomy of the person (which includes children) act as a barrier to inter-personal intervention in health threatening situations and are in conflict with Western belief.

There is the added complexity of an acquired pattern of maladaptive behaviour from the effects of structural violence mediated through intergenerational trauma (Murgatroid, Wu, Blockmuhl, & Spengler, 2010). Structural violence refers to the second and third order effects of structural inequity mediated through legislation. This includes the intergenerational effects of children's removal from their families and from their country where they were attached spiritually and where parents knew the whereabouts of healthy bush

food. Children were removed into missions and orphanages with segregation of the sexes, institutional ‘caring’ and lack of attachment, etc.

Because of these factors and the lack of evidence of benefit from the use of conventional public health measures, this paediatrician and many others see the need for a completely new approach to Aboriginal child health.

I am involved in a parenting project at Curtin University in Perth, Western Australia: Young Aboriginal mothers, involved in parenting discussion groups, will be shown film and photographs of tribal practices of infants being successfully reared. These will be discussed and it can be seen that not all valuable parenting and health ideas come from ‘whitefellas’. Hopefully the mothers may then be more accepting of desperately needed help with these issues and also feel less ‘shame’ which can make new learning difficult. However, as Dr Boulton writes ‘Strategies to normalize Aboriginal children’s health will occur only when parents and their communities decide how they want to use Western health care’.

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Infant observation in Kazakhstan

Sarah Hartley

In July 2011, I moved to Almaty, Kazakhstan, with my husband. Since then I have, surprisingly, found myself taking on the challenge of introducing the Tavistock Model of Infant Observation to a growing and developing Kazakhstan Psychoanalytical Society. Alongside this, I have been able to observe a local baby, who was born in October to a mother whom I already knew.

Undertaking an infant observation is necessarily a delicate process. I have found that, in Kazakhstan, this is further complicated by deeply entrenched local beliefs and cultural patterns.

I had some experience of this on my first meeting with the baby I observe, when he was two days old and in hospital. His mother gave him to me to hold, and as he lay relaxed and sleeping in my arms, his uncle anxiously spat towards us, in between proudly admiring the new member of his family. I felt quite