

## Orchid Babies

One out of every 100 babies born will develop autism. Years ago it was 1 in 500. Are the statistics getting better or is our awareness growing? Perhaps both. In my experience, of the babies seen in health clinics from 1980 to 1990, the figure was three in 100. That is where I think we're headed, making autism the most common childhood disability after mental retardation (two to five in 100) and ahead of cerebral palsy (one in 400). Among expecting parents, the fear of having an autistic child is second only to Down syndrome (one in 725 births when the maternal age is 32, and one in 12 if the mother is 49). Currently there is thought to be no medical detection, treatment, or cure. The impact on family life can be devastating.

This is the backdrop to *Signs of Autism in Infants: Recognition and Early Intervention*. How can we recognize those ephemeral indicators – a prevalence of red flags – leading to a syndrome or state best avoided? Does the baby show a tendency to retract from relating to others? Is there an inclination to minimize the external trigger of extreme anxiety and restoring calm by distancing or by shutting off? How do we discriminate between signs of development and signs of alarm?

The early signs were first discovered by Henry Massie in *Childhood Psychosis in the First Four Years of Life* (Massie & Rosenthal, 1984). He was studying home videos of babies and children who later developed autism, and he confirmed that there were indeed early signs. In 1990, I founded the Parent-Infant Clinic, treating babies at the earliest signs of alarm. At the same time, we realized the need for training and so began the School of Infant Mental Health. We were pioneers in treating early signs of autism. Using a psychoanalytic approach modified for use with babies, we based our treatment on the parents' concerns about their child's difficulties in relating to them and in the expression of emotions.

Recently, I've come to think about developing babies as different kinds of flowers. "Dandelion" babies seem resilient, tough, managing in difficult circumstances. They are born full of strength and able to integrate experiences. They tell their parents what they want, even growing during periods of war and mismanagement. "Orchid" babies, on the other hand, seem delicate, not always able to find the special conditions they need for development. They demand those around speak softly or not make too much of a fuss, refrain from picking them up or caressing them.

*Signs of Autism in Infants* is written for these *orchid babies* and the careers and professionals who live and work with them. Not long ago, the book I envisioned, and needed in my own practice, didn't exist. So I arranged a conference of experts, and their presentations are the chapters in the book. The School of Infant Mental Health organized two *Signs of Autism in Infants* conferences, one at University College London and repeated at UCLA.

As in all of my “early-intervention” work, I have scoured the world to promote the work of professionals who make a difference. From their research come the latest treatments. From their clinics come approaches that work – and they are substantive works from comprehensive points of view from professionals representing fields other than psychoanalytic. New information is explored to verify early signs of alarm and then to consider early clinical interventions to halt this disorder while the brain is still growing fast.

The contributors were selected from their penetrating and pivotal work with parents and families whose babies present early signs of autistic-spectrum disorders. Each has made career and long-term commitments to the emerging field of “pre-autism”, its recognition and treatment through early intervention. Brought together under the premise that the development of emotions is central to the treatment of autism, these contributors together represent the most promising in research, theory, assessment, treatment, and front-line care for a condition that, if left untreated, can be devastating to families, relationships, ambitions, and personal achievements and represents an enormous burden on societal resources. For the most part they work as pioneers, fuelled only by their own curiosity and determination and by their desire for better outcomes and lives for those they serve. Although their work has been described as bold, insightful, empirical, intuitive, refreshing, creative, meticulous, methodical, painstaking, and even brilliant, they were selected primarily because their work is sure to reverberate and be felt in all future developments in the field.

The book is directed to clinical practitioners who must build bridges between theory and practice, combining what we know with what we know that works, all for the betterment of the babies and parents in front of us. Early intervention is the treatment, the tool of the clinician, because it sits somewhere between prevention on the one hand and acute care on the other. The advances you will read about in the chapters – from the medical, biological, and psychological sciences – have extended our reach for better outcomes in the preverbal, the unconscious, and the mental matrixes that define our behavior. In other words – as the book is titled – we *can* recognize the signs of autism in infants and intervene early. The more we know about the primitive aspects to take into account for these early interventions, the more effective we can be in tracking down and understanding what is not working in the infant and/or in the parents and what is preventing them from an enriching relationship.

Karnac is the rightful publisher of the book because in an unlikely twist of science and treatment, psychoanalytic psychotherapy and its lexicon of concepts is proving to be most useful in treating infants...modifying the “talking cure” for the “non-talkers”! It is only natural that such a book comes from such a publisher.