the destruction of homework and psychological abuse. The victims are afraid not only of physical violence but also of constant condemnation, isolation and loneliness. There are schools with high and schools with low incidence of bullying however no one is free of this phenomenon. There are described both individual bullies and bullying groups of even seven years olds. In UK up to 1 mln pupils are involved in bullying. In Scandinavia over 25% children experienced bullying. In Poland 30% pupils aged 14–16 were involved in bullying since over 60% of them admitted of violence in peer conflicts. Any features could be picked on as a pretext for bullying. Physical characteristics are a factor, particularly differences in physical appearance and strength, but the importance of these are overestimated.

Low self-esteem seems to be a common traits of victims. Other personality factors and the role of early learning particularly a tolerance of aggressive behaviour seems to be the key features as well. The groups of bullies and victims vary on a number of personality, physical and social dimensions. Some founded roots of bullying in familial, economical and political backgrounds. It is stressing close relationship between social deprivation and bullying.

The schools own role and parental attitudes and practices in reducing bullying are considered.

WHEN PREGNANCY BECOMES A SOURCE OF VIOLENCE

A. Danion-Grilliat, E. Bécache, A. Gras Vincendon, C. Burstejn. *Service Psychothérapique pour Enfants et Adolescents, Hôpitaux Universitaires de Strasbourg, 1 Place de L'Hôpital, 67091 Strasbourg Cédex, France*

Although pregnancy and violence may sound like two antinomic terms, with pregnancy usually associated with the happy expectation of a child, yet the psychic work that a pregnant women has to accomplish all through her pregnancy until her child's birth is not free from a certain amount of violence: such violence may be due to the unconscious reviviscence of former oedipian conflicts from childhood, to her ambivalence with regard to the child, to the questioning of the image of her own body, or to a structuring crisis the couple might be going through. In some particular cases, violence may also be inherent to pregnancy: emotional or socio-economic conditions that surround the mother-to-be, incidents or accidents occurring during pregnancy, that have to be studied in the light of child-desire and mourning, whether a pessimistic pre-natal diagnosis, the threat of premature birthgiving, in-utero death, a medical interruption of pregnancy, a still-born baby or medically assisted procreation and so on ... It is essential to take into account the psychic suffering of mothers who experience such violence, especially when one bears in mind that, if built-upon, if failed to be resolved, this violence might lead to postnatal depressive states, to the building up of a bad quality parent/child relationship, to pathologic mourning with the expectable consequences those pathologic behaviours are bound to have on the child's emotional development. It is therefore of capital importance to train and inform the medical staff on those subjects; those are one of the main stakes in therapy and prevention in the field of perinatal psychiatry.

INFANTICIDE

R. Kumar. *Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK*

The Infanticide Act (1938) of England and Wales codifies the concept of diminished responsibility when a woman kills a child aged less than 12 months. The offence may be regarded as manslaughter if, at the time, the balance of her mind was disturbed by reason of not having fully recovered from childbirth, or by reason of lactation. Thus, the law seems to acknowledge a link between the biological changes associated with childbirth and lactation and mental illness, and that this combination of factors contribute to the homicide of infants by their mothers. In England and Wales, a child under 1 year of age is four times more likely to be the victim of homicide than a child older than a year or the general population [1]. However, clear evidence of severe maternal mental illness is lacking in most cases of infanticide and infants older than a day are slightly more likely to be killed by their fathers. We know relatively little about the psychopathology and characteristics of parents who kill their infants or who subject them to non-fatal harm. Some relevant evidence will be reviewed and the possibility explored of setting up comparisons between nations.

[1] Marks MN & Kumar R (1993) Medicine Science & The Law 33: 329–340.

ATTEMPTED SUICIDE AND PSYCHIC TRAUMA IN ADOLESCENCE

François Ladame. *Service Médico-Pedagogique, 16–18 Boulevard Saint George, Case Postale 50, 1211 Geneva, Switzerland*

On the basis of clinical cases of suicidal adolescents, I illustrate the analogy between nightmare and psychic trauma. Sideration occurs when a traumatic experience strikes the mental apparatus. The latter is then no longer able to cope with excitement provoked by instincts. Suicidal teenagers try to avoid situations liable to trigger and "identity topsy-turvy" in which the psychic apparatus is unable to ensure the binding activity and thus unable to think. The possible reasons for this feeling of identity vacillation and for its potentially lethal character will be discussed. Attempting suicide would seek to suppress an unacceptable identity as well as the own body and its instincts, and would try to restore a certain feeling of self-esteem.

S76. Diverse applications of psychotherapy

Chairmen: T Sensky, M Crowe

Abstracts not received.

S77. 20 years of functional neuroimaging: neurochemistry

Chairmen: G Sedvall, L Pilowsky

PET D_1-RECEPTOR STUDIES IN SCHIZOPHRENIA

P. Karlsson, L. Farde, C. Halldin, G. Sedvall. *Karolinska Institutet, Dept of Clin Neurosci, Psych section, S-17176 Stockholm, Sweden*

Previous post mortem studies in schizophrenic patients gave inconsistent results concerning striatal D_1-receptor densities [1]. In the present study we examined D_1-receptor binding in vivo in the striatum of healthy subjects and drug naive schizophrenic patients using PET.

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