

Recollections on the early days of the Marcé Society for Perinatal Mental Health from Professor John Cox

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Abstract Dr. Katherine Wisner interviewed Dr. John Cox, a founding member of the Marcé Society. Dr. Cox discussed the beginnings of the Marcé Society, his views about the current Society, and his vision for the future.

Keywords Marcé Society · Perinatal mental health

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It is September 24, 2009, and we are in Stockholm, Sweden. I am here with John Cox, a founding member of the Marcé Society, at the Nordic Psychiatric Association Meeting, and I have asked him to talk about the beginning of the Marcé Society and his views about the current Society. This manuscript is an edited transcript of that interview.



John Cox

My early interest in the Marcé Society came out of the perinatal research I had carried out in Uganda (1972–1974)

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which was in part inspired by Brice Pitt's early studies in the East End of London. Brice was one of the first Presidents of the Marcé Society (1994–1996) and had been my teacher when I was a medical student at the London Hospital when Brice was carrying out his seminal study of postnatal depression (PND) in East London.

Soon after I returned with my family to England in 1974, I met Channi Kumar at the London Hospital Medical College. We discussed the controlled study of antenatal depression in Uganda and, in particular, the use of the standardised psychiatric interview (SPI) that I used in the Luganda language—which I had earlier discussed with David Goldberg. Channi was then planning his own prospective study with Kay Robson at the Institute of Psychiatry in London and planned to use the SPI. Prof. Desmond Pond, who encouraged my African sojourn, was a child psychiatrist at the London and as head of Department was a major mentor.

So I was surrounded, to my surprise—having been largely out of the home loop for 2 years—by active perinatal researchers and clinicians, including Channi Kumar, Desmond Pond, Stephen Wolkind and Brice Pitt. When the Marcé Society was founded in 1980, I could see its potential to bring together these researchers who were my early colleagues, together of course with Bob Kendell's tutelage when I moved in 1975 to Edinburgh to a senior lecturer post. Lynne Murray was later in Edinburgh, and the academic ambience was faultless at that time. I was a lucky man!

It was remarkable that reports of my research in the villages around Kampala had such an interested audience and that to some extent, I was at the forefront of community studies in this field. To replicate the Ugandan study in another culture was, for a transcultural psychiatrist, an opportunity not to be missed. The support from Bob Kendell and later from the Marcé researchers was a vital ingredient in my motivation.

Merton Sandler's conference in London in 1978 was another early landmark in the perinatal field and for me personally. I was surprised, challenged and greatly encouraged by this level of academic and clinical interest. Merton's book, which was published in 1978, with contributions from Brice Pitt, Channi Kumar, Ian Brockington, myself and Bob Kendell was important not just for me personally but also because it brought together researchers in this field, who helped to lay the foundations for the Marcé Society, which was to be inaugurated 2 years later in Manchester.

I well remember that meeting because I happened to see the notes for chairpersons from the organisers, which included something like: "John Cox hasn't got slides, he's only got overheads and might talk too long." [Laughs] I also remember that Ian [Brockington] had a bell which he rang to keep us all to time—can't recall whether he succeeded! Most of us were men in those early days, but fortunately, this was soon to change.

Although I was not present at the dinner in Manchester (1980) with George Winokur, Bob Kendell, James Hamilton, Channi Kumar, Ralph Paffenbarger and hosted by Ian Brockington, I took part in many of the initial discussions about the proposed new Society—and have been an active member ever since! My colleagues wisely suggested (and I think James Hamilton was very influential) that the new Society should be named after Louis Victor Marcé.

Frank Margison, as the first Marcé Society Secretary and a Manchester psychotherapist, was a key influence in these early days—as was Gene Paykel (President, 1992–1994) because of his international eminence as a scientist and as editor of *Psychological Medicine* and Margaret Oates (President, 1989–1992) because of her grasp of perinatal service-related research and of management systems in the National Health Service.

It was certainly a good idea to have a Society, and a basic Constitution was soon developed. I became active in the Marcé Society and was honoured to be elected as its third president from 1986 to 1989. Brice Pitt nominated me for the Marcé medal in 1996 in recognition for the work I had done in Uganda and in Edinburgh. I was Dean of the Royal College during Bob Kendell's presidency—also a Marcé Medal holder, so two college officers were Marcé Medal holders at that time.

The name of the Marcé Society had achieved more national prominence than I had ever anticipated. Indeed, the Marcé Society was an organisation that had encouraged much of my subsequent academic and clinical career. And no doubt, there are those amongst the current leadership who would say the same.

Another of my early memories was of the Marcé meeting in the United States at that time, in Oakland in 1984. I made there my first public presentation to my

peers of the Edinburgh Scale with its validations. Mike O'Hara said to me afterwards, "Well John I think you've got an interesting scale—you've got the Edinburgh Postnatal Depression Scale". Well, I remember him being very encouraging—and I've always worked closely with Mike. One of the other interesting things, that I thought was not as unorthodox as Mike thought, was that as a psychiatrist, I had presented a paper at the American Psychological Association meeting in Toronto.

So you know the influence of you guys in the States was considerable and the encouraging response was important. It was called "the Edinburgh Scale" because I was for 11 years a senior lecturer at Edinburgh University where I first carried out a prospective study with a social worker, Yvonne Connors, and Bob Kendell—which was probably comparable methodologically to the study in Uganda. When the first results of this study first emerged, I remember thinking "Thirteen percent of women were continuously depressed since childbirth—most with marked marital problems; there must be some way of picking up these women, screening for them. What we really want is a health visitor who is a trained psychologist." Then, Jennifer Holden emerged and worked with me and Ruth Sagovsky, a senior part-time trainee in psychiatry. And we then set to work on developing the Edinburgh Postnatal Depression Scale.

I think we originally had about 30 items to consider derived from other scales, and we took some out as lacking in face validity and developed many items of our own. We then carried out the validation for the 13-item then the 10-item scale. I wrote a very small publication in a general practitioner (GP) journal at that time—which included a short report about our screening scale for depression. I've *never* forgotten the letters that we got back after it was published—it was letters in those days and cards—from GPs. It must have been a couple of hundred within about a month of this small column in a GPs journal being published.

So, I thought this article had put a finger on something which was worrying the GPs. Of course in those days (unlike now in the United Kingdom), there were really no services, there was no screening, there was no health visitor training in this field; the psychiatrists weren't, generally speaking, either informed or interested. GPs would have been aware of the issues but not have had the skills to identify or treat the condition. We had put our finger on a whole area of unmet need.

I then went to Keele in 1986 as the foundation professor of psychiatry and was there until 2004 and organised the Keele Marcé meeting in 1988. Carol Henshaw later became a lecturer in my department—

and, subsequently, president of the Marcé Society (2004–2006)—and organised the second Keele Biannual Marcé Congress in 1988. Charles Street Parent and Baby Day Unit provided an excellent clinical base for the training of health visitors, and there was a considerable amount of perinatal research going on at Keele at that time.

I then got more involved with politics and administration at a national and regional level and was elected Dean of the Royal College of Psychiatrists—and then later its president. I think one of the factors that got the perinatal psychiatry section established within the Royal College was the leadership from the officers at that time—I could see how it could happen.

There was a parallel trajectory for the eating disorders and perinatal special interest groups (SIGs)—both aspired to be sections—and in the early days, the eating disorders SIG was better developed. Channi Kumar was the first chair of the Perinatal SIG, and Margaret Oates became the first chair of the college perinatal psychiatry section which was later established.

Wisner John, let me ask you when you were first thinking about the Marcé and forming it—those very early years—did you have a vision of how the Marcé would evolve across time?

Cox I saw it very clearly—fairly soon after it was established: And I would want to attribute the initial development to James Hamilton, Ian, Channi, Bob Kendell and George Winokur. After those early meetings, and from awareness of the work I was carrying out in the community (the multi-disciplinary work), I realised that it was the stimulus of the Marcé meetings, as places to present one's research, that was a major motivating factor. That was my vision for the Marcé.

And I think, at its best, most of the time, Marcé Society has held on to that vision—that it is the place where we wanted to present our research—and I was the sort of researcher that wanted and needed feedback, critical inquiry and stimulus.

Wisner I went to my first Marcé meeting in 1986, in Nottingham, and felt the same way!

Cox I think, for the people working with me in that field, the Marcé Society was the place where we wanted to present our findings. So the Marcé Society was very important in that regard, and at the Keele meeting, you could then catch the vision of the stimulus and the international contacts that it provided.

I could see how the international Marcé Society would bring together different national groups—and go

on to become a truly international organisation. Indeed, this has always been very important to me, although because of my preoccupations when I was president of the College and then secretary general of the World Psychiatric Association, I couldn't be everywhere. But I did my best to stimulate colleagues around the world in this field—I think with some degree of success.

Wisner Given the long-term perspective that you have on the Marcé organisation, what would you advise in terms of the future of the organisation?

Cox I might suggest you have a second term in office. [Wisner laughs] Keep the ship moving forward! I think to do exactly what you are doing (it was so necessary to do it), which was to get the international organisation to a fully credible level. Probably only you (or a few look-alikes) have got the know-how to do it, get a really contemporary website up and running exactly like you've done.

I think also to retain this solid academic scholarly leadership of the Marcé Society is vital. We are psychiatrists, right? I think it's very important that there are psychiatrists remaining active at the leadership of the Marcé Society. Obviously, the leadership indeed needs to be shared with other health professionals, rightly so. But it would be really bad news if all the psychiatrists went off and did something else—because I think there are some very key issues where our skills and our leadership are really important. I was worried at one stage that the academic centre of the Marcé Society was going to weaken. But actually, there was really no need to worry too much, as the blossoming of the biennial general meetings has been conspicuous. There are now new research groups in the UK and Ireland. Marcé Society attracts many bright researchers—and there are much younger than me leaders in this field—so that the future for research and clinical work is much brighter than it appeared some years ago.

The other good thing that's happened in Britain is undoubtedly Margaret Oates' contributions—as a very experienced academic clinician and an astute lady. Her leadership of the Marcé and of the college section has been very important, and the impact of the Confidential Inquiry into Maternal Deaths has really riveted the NHS. And I think more people (including some politicians) have got the message that a severe postpartum psychosis can be a really mortal illness and that message has got through.

Yet, people are now also able to look back and realise there are other priorities as well, which include the Community Services, the education, the multi-

professional team identifying and treating postnatal depression and anxiety, and so on. So, I think the encouraging thing in the UK is undoubtedly that establishing standards for perinatal services is now a part of the NHS policy. And that some of the current leaders of psychiatry are perinatal psychiatrists...like you!

Wisner Thank you!

The John Cox Medal for Distinguished Service was initiated at the Marcé Society meeting in Swansea (Sept. 10–12, 2014) in honour of Professor Cox's contributions. This medal will be awarded at each biennial Marcé meeting henceforth.