

## **“Revolutionary” baby, rite and family**

by *Denis Mellier*

### **Abstract**

Rites marks life cycles and social rhythms. They are present in all areas of psychotherapy, especially in group psychotherapy. However, the traditional rites surrounding birth are disappearing. The hypothesis of this communication is based on the idea that the birth event *provokes the rite* because birth is an upheaval, a revolution, both for the newborn baby and for the family that welcomes the new member (into its fold). Starting from a series of clinical examples based on the psychoanalytic approach of baby's observation according to E.Bick, the author shows how the links and processes which affect the subjects during this upheaval can be explained by the social processes of sharing the rite.

Relatives around the cradle find themselves being “in competition” each other, to find their new place in front of the baby. In the case of a mother who has had a very difficult childbirth, the construction of the libidinal bonds with the baby remains marked by the initial situation of “violence” and strangeness. In the example of the child who sometimes retires, this construction seems to be the inheritance of a mother's turmoil, which, beyond a present reminder, refers to a specific family configuration (fratria and father), but also likely to a transgenerational problems. In the latter case, the resurgence of a tradition-related rite (the heir healer from the time of slavery) would indicate the need for the mother to maintain continuity with her lineage.

The birth event destabilizes the set up of the family on different levels. Rites would temper this violence by linking multiple stories, condensing the intra, inter, and trans-psychic levels of the subjects, and associating together the body's psychic life and the one symbolic of the group.

**Key-words:** rite as a process, rite as containment, birth, family group, ghosts of the past

Rites structure the social life and the great cycles of the family (death, birth, marriage). The rite is by nature a group and a societal act rooted in the “sacred”, it belongs to anthropology. The rite cuts through time, space, identities, and “marks” the lives of individuals. This is true of "community" societies in which the rite specifically articulates the individual's membership of the community. But what happens in our “individualistic” societies (Martuccelli, de Singly, 2005)? Are these

rites still present? Do they still have meaning? How can group psychoanalysis rediscover them, bring them into existence even and give them meaning?

Rites are constantly present in psychotherapy. Firstly on the level of what is said, when a patient is confronted by the violence of *events* which are traumatizing or which have symbolic value for him and his attachment to the community. Rites also play a part in the *form* itself of the therapeutic process. The repetition of rituals plays a part in the establishment of the therapeutic “framework”. This is especially visible with the children at the beginning of the consultation (object from home dropped at the start of the session, game and drawing repeatedly chosen). The group dimension emphasizes the place of the rite, an event which affects the participants and/or a process which structures the group itself.

“Christmas” is a time which marks our life in the Western world. In many clinical analytical groups, or in “Balint groups” with doctors, situations reported by patients or residents (from residences, children’s homes, hospitals etc.) are full of emotion. This time is supposed to be for the “family”, for the “children”, a time centered on the “home”. The wounds of family life such as the loss of a loved one, have a very strong fantasmic resonance. This is also true for the summer vacation months, “July-August”, but for other reasons, related to the changes of the school year and to the idea of the holiday/work contrast, which structure our social life. Generally, a peak is observed in the number of suicide attempts in these two moments of the year.

To deepen this, I will try to explore the functions of the rite surrounding the birth event. A real “event” for a family, this time will later be marked, ritually, on an individual’s birthday. A real “crisis”, this event is in fact a cornerstone of “what makes family”. My hypothesis is that this event *provokes a rite*, demands to be included.

Anthropology shows us how this event is deeply ritualized in traditional cultures (Stork, 1986). There is always a period of a few weeks (see “forty days” of certain religions) in which the mother is continually surrounded and accompanied by a whole community of women and “grandmothers” after birth. A colleague who I often worked with, Joëlle Rochette (2002), was very interested in considering the “rites of passage” described by Van Gennep (1) in order to consider the construction of the diadic psychic space between mother and child.

If we follow Bion (1970), what exists between the child and his family can be imagined as a “point (O)”, which would generate potentially different psychic transformations. This point remains, through many trasnfigurations, displacements or deformations, the point around which the intersubjective forces balance, penetratting through the subjects in their own desire to live, in their identity, even creating their identity, in their way of being together and constituting that “primary group of belonging” that is the family. The challenges of these transformations will delimit a field of forces, a perimeter in which the *space of the institution* we call “family” can be found, as the constituent space of the individual, of the Subject born. This is our hypothesis.

The rite has the function of “cultural container” (Stork, Moro) of a space in which each individual, each group, each family can deposit the elements of their own psyche and develop another relationship with others. Culture is the “place we live in”, according to Winnicott (1974). What makes a rite acquire a psychic need, of the group and of the community, of psychic containment. I will be content now to explore the various processes that “take the name” rite.

The group material I present (Mellier, 2015) derives from the psychoanalytic approach of observing the baby in the family according to the method of E.Bick (Bick, 1964; Miller, 1997; Delion, 2008). This analytical method is to learn from what happens in a family where a baby is born. The observer works on his own projections and psychic ability to receive what is transferred to him. The remarks that he reports will help later, within an analytical group, to succeed in putting in place his own position within a family. The aim here is not to actively intervene in the family, but to make associations with the area of attention that normally takes place around the child. We could say that the observer is mindful of everything that would need to be contained in that family: at the “point O” that the child introduces when he is born. But his double work of being a container also concerns, at the same time, what is transferred to him by the family dynamics and what he introduces, from himself, in the performance of his work.

### **“Visit to Maternity”: how to bring together different “points of view”?**

Birth is first and foremost a group scene, which must contain the different views or “vertices” of each member of the family.

Let’s take an observers’s first visit to the maternity ward. Charles has just created a new family, transforming a couple into parents.

“I knock on maternity room 505. I hear the voice of the dad telling me to come in. I greet dad and mum and lean over Charles sleeping on Mummy, to say

hello to him. He is lying on his left side, on his mother's chest, his eyes closed, his face relaxed. He is a small child who has a round face and already a bit of hair, very dark. I say that he is very cute, Mom thanks me and says "we think so too!" "We knew we would find him beautiful because he is ours, but we find him objectively very beautiful". "It's because he has taken everything from his parents," says Daddy jokingly. In the room there are two other ladies: "My mother" and she introduces the lady to me, "and my cousin". I shake their hands. The dad is to the right of the bed (on the side of the door), the grandmother and cousin on the other side (window side), I stand at the end of the bed. Mom says he has big feet that already fill the whole pyjamas. Grandma touches his feet through the pajamas and says he will have her family's feet.

"My mother had little toes which overlapped like that, and so do I (she shows me with her hands) and it seems that he does too". "Yes, maybe he will have them just like me, a bit," says Mother. "He will have perfect fingers," says his dad. "But my toes are perfect too, and so are his mother's," says grandmother.

Everyone is around the baby, let's note the spatial arrangements. The baby is "surrounded". The "light" climate is very indicative of trying to "dream" this baby by identifying him as a member of the family: "he has taken everything from his parents", "will have his feet like his family". Nevertheless, as E.Bick indicates, there is a certain "competition" among family members. In the room, grandmother "replies" to her son-in-law: "But my toes are perfect, and so are his mother's". Competition can be seen, more latently, even toward the child: "He has taken everything from his parents" can also be understood that he has taken everything, what will then remain for his father? What one person says can be disqualified by another, everyone is sensitive to the positioning of the other.

The remainder of the observation:

"He often puts his fist on his cheek," Mom says. "So will he be an intellectual? A thinker, a sculptor?" Grandma says. "Yesterday was the anniversary of Rodin," Grandma said, "I found out because of a design on Google". "So, is he okay?" asks the dad. "Yes yes, he is 172 years old."

What could have been a small question from the mother, "why does he put his fist on his mouth?" is immediately connected by her mother to a reassuring and grandiose image:" "Do not be scared, he'll be famous", it seems Grandma is saying. The projections thrive on the history of our culture; the image of the child with his fist by his mouth evokes a Great Man, most likely the sculpture of Rodin's "Thinker". "His Majesty the Child" (Freud, 1914), this child will surely be famous and will realise his

parents' own unfulfilled dreams, but also, here you see, grandparents. She is the maternal grandmother who spoke. Through his humor, father tries to take the lead again in this sparring match: "Then is he okay?" he asks his mother-in-law. The answer is phantasmatic in an attempt to anchor the baby in a very far, glorious past in the days of the ancestors: "Yes, yes, he is 172 years old."

*This visit has all the features of a "mini rite". The observer arrives for the first time in the baby's family, participates in the welcome time, which is "dramatized" and "starts" on the occasion of her visit. Everyone is there, like "fairies around the cradle". Who is he? Who will he be?, his first appearance, his movements, are interpreted. The baby is identified. This question is fundamentally shared by the mother, the father, the siblings, the grandparents, the aunts and uncles, the whole family, whether present around the cradle or not.*

The following example shows all the pulsional challenges that will develop in the future and that the rite must "contain".

### **From unfamiliarity to maternal seduction: how to contain pulsional challenges?**

In Lorenzo's family, his mother had a very difficult birth that forced her to stay in the hospital. She has received a lot of support from her mother and mother-in-law (the baby's grandparents). The observer was notified of the birth only when the mother came home. So Lorenzo is already three weeks old by the time of the first observation. The mother gives many details about the dramatic situation of childbirth, and the observer is very impressed at the beginning of the "horrible" tale.

Quickly, she tells me about the birth in great detail, the breaking of the waters, the clinic, the waiting, the impression that they had forgotten her. The midwife had told her in the morning at the entrance, that she would be induced that day. As she reports this, the baby raises his arms abruptly, his hands making a gripping gesture. I'm deeply astonished. She tells me how she felt tortured by her caregivers who gave her injections, left her alone for hours, wanted to give her the blood transfusions, injected her with large syringes of black liquid (iron).

The emotions are very strong, the mother is "wild-eyed", still under the impact of the traumatic situation of childbirth, and her baby seems to react to her intonations. The questions, the unfamiliarity - and the baby's identification process is then very present:

To the end of the observation, the mother looks at Laurent and says, “He smiles”, then: “It’s incredible all the expressions a newborn can make”. She then shows the regret she feels that she can not go out with her baby in the stroller because he is too small. He is underweight, she continues, but he has big feet, he will be as big as his father who is 1m 85 and if he will plays basketball, he’ll be even bigger! I notice a “smile” on Laurent’s lips. Mom tells me that the baby is red-haired, she does not understand why, her husband was blond and his hair only turned red later on. Then she returns to the baby’s colic pain, adding that neither she nor her husband tolerate milk. For her husband, it’s a family issue, because his father and grandfather did not tolerate milk, but the girls did. For her, she is the only one with this problem, she does not understand, she feels different.

Back to Laurent and she says he scratches his face when he breastfeeds, but not when he feeds from the bottle”. There’s silence ... (I noticed that for a few minutes Laurent started to make discontinuous movements, grimaces, breathing faster).

We can see here the contrasting emotions this mother feels towards her son. At first she is amazed “It’s incredible ...”, then recalls her reality and feels guilty “he’s underweight”. The comparison to his father, her husband, will give her a new momentum, he will be as great as he is (for two years the father will appear really supportive and present with her and her son). But then she doubts: is the baby the “son of his father?” Is really he the heir of all of her family? Then the depressive movement is accentuated, she is invaded by a feeling from her childhood, of feeling “different”.

Finally, the return to baby awareness becomes anxiety: scratches, common in infants, have a value of unfamiliarity. If the baby scratches her when she breastfeeds him, does this mean he has a malicious intent?

The appeal to the scratching goes on for a few weeks. Saying she stopped breastfeeding g him, she explains: “It was too much for him, biting me, scratching me, scratching himself”. But when Laurent has just turned two, she can access the relationship between him and her, where the ghost is possible: “It would be said that he devours me” (2). The following week, a carousel begins, and she can “play” her ghost, without danger to the baby or herself: “*Hem, I would eat you, you know once I will not prepare the baby bottle and I’ll eat you*”. The scratches are still there with their loads of anxiety. But her motherly place as subject and subject to a libido desire for her baby (and not just as a dead object) was taken. At two years, Laurent is a very affectionate and playful child.

Laurent's pulsional greed has been difficult to contain, will she be able to reassure him? Is she not likely to damage him as he might have "damaged" her at birth? Did he not try to kill her? In this example, the ghost of a baby who will destroy his mother, vamps her like a Dracula, was too present. It has been necessary to contain it so that "maternal seduction", in the sense of Jean Laplanche of an "anthropological situation", can develop. The baby's father was very supportive and present for his wife. The enigma of sexuality, removal, and phantasmation have been able to structure the child's attachment ties with his mother and the wider environment.

*Rites around birth must be useful to curb the fears that the birth provokes. We can think of the radical extraneousness of the baby in Polansky's film "Rosemary's baby". The baby is an exciting, extravagant, dangerous driving source. The challenges of life and death at birth, still in spite of all the advances in medicine, place the baby in a place where he could take his mother's life and vice versa, "He or I" is such a problem with fundamental violence (Bergeret, 1984). The nursing, the child's pulsional force, the pleasure of the breast, refer the adult to his childhood pulsional organization, at a time when the subject/object differentiation was not acquired, pleasure unlimited, inhibition non-existent.*

*These rituals are there to "capture", adopt this radical extraneousness of the child (Unheimliche), to "tame" the wild child. After this period and after the first bonds of a first "psychic skin" (Bick), the establishment of a "mirror" function (in the sense of Fonagy's Mirroring) creates a difference between the child and the mother, which consoles her: then the mother can free the course of her ghosts, whether destructive or not, without fear of real damage.*

### **Signals of withdrawal in baby: how to contain ghosts of the past?**

*Rites are sometimes impotent to contain everything. The "ghosts" have been summoned (Faimberg). Alongside the amazement shared with the child, there is a shadow, deadly. It is only at about 4 months that it is "exposed" in the following example:*

In family S. the observer finds it difficult to stay awake in the early months, she seems to be overwhelmed by what is going through. While she spends a lot of her time going to see this family, she is often petrified with guilt, and reports of a heavy, diffused atmosphere in which all the identities there seem to « float ». For example, the mother leaves her alone with the baby and goes to do different jobs in the home, but then reappears suddenly and seems to listen well to every little noise her baby does (breathing, intestinal noises, etc.). Alongside very lively moments, the après

coup analysis of the observations shows the existence of light signs of child withdrawal. For example at 4 weeks:

After feeding, the mother “shakes her head gently from left to right, from right to left, and observes if Simon follows her with his look, and says to the observer: “Mister almost sleeps through the night: he only calls me once for the milk. What a great luxury, everything is relative, in the end!” (Silence) “So I sleep 2 times 2 hours and 30, or 3 hours, not bad..”. «The lady laughs. Throughout the time, Simon always faces the mother’s body, and turns his head back to look in the air, the ceiling light, I think. The light is made up of 3 small spotlights pointing up towards the ceiling, making the ceiling a surface of shadows and lights ».

His mother tries to redirect his attention. Simon continues to look towards the light: the lady says, “All right, there is something up there that interests you very much up there, what is it?” Then all three of us look at the ceiling.

These signs in this case can easily be imperceptible, for example, the observer noted that «Simon seems calm, relaxed». Nevertheless, when the mother moves away, he directs his gaze towards a more intense light source:

«Simon is in front of me. The lady goes to the kitchen. I look at Simon again looking at the air but, this time, looks like another light source: a halogen lamp on the ground. He stares intently in this direction».

The observer will have to “resist” and slowly become aware of these signs. Although he is a very lively child, Simon has in the first months an absent look, fixed at a point or wandering. When he is about four months old, his mother speaks to him about a dramatic event. She tells the observer that she “put her finger on something that wasn’t right” between her and her baby: “One day I broke down and I got it off my chest”. When she was pregnant, she was very close to a friend who lost her baby at birth:

“It was very tough, I had terrible thoughts, thoughts that might seem silly, but nevertheless” (silence) “I thought I should give my child to this woman, I had others. It was unfair” (silence). Simon looks intensely at his mum, he is motionless. “Then I explained this to Simon, when he was in my belly before he was born, that I was very sad, but it was not enough, there was something blocked, but now it’s better” [...] (silence) she says “It is not good to carry the stories of others”. I feel a great deal of guilt in this woman.

This confidence helped the observer to share all the pain she felt in this mother. Simon continued to fall ill often, but at the age of 6 months “the landscape cleared”: he proved himself more alive and active, responsive. At the beginning, at that age,

looking at a photo album, the mother noticed how pale and white he had been. Simon subsequently became a very active, cute and ingenious child, as seen from his games at the age of two. We may say that we have been in the presence of a kind of “ghost”, the presence of that dead child, of that “angel”, “dwelling” his mother’s head. She cannot see her son without this shadow. The baby’s escape and withdrawal movements correspond to the attempts he makes to “self-contain”, “to stare”, to adapt to the material setting that is his own.

*As in other examples, the various “rites” around birth have had to take place, the baby has been baptized, but this mother still feels deeply “alone” because of a story and lack of family support. She has had a depressive episode, not perceived by her environment because she is very active and looks after her other 3 children. This may be the “passive” in her story, in relation to her own parents, to her place amongst her siblings, and also to the place of the father, who apparently is not present with this baby. Psychic absence, perhaps, is more difficult to contain than ambivalence in face of the newborn or intersubjective relationships among family members. This absence has a trans-generational origin, which crosses the boundaries between people.*

### **Resurgence of the rite and “patching” the maternal lineage**

History leads individuals to cut themselves off from the distant traditions of their origins, in order to adopt the traditions or styles of those who have conquered, or even destroyed their ancestors. Western medicine has thus replaced what is called ‘traditional medicine’ such as shamans or healers in Africa or in other colonies. Around the birth, therefore, mixed styles often coexisted (literally, miscegenation, TN). The resurgence of an ancient rite, which belongs to past generations, can be considered as a way of reviving those ancestors, as the following example shows:

In Martinique, a psychologist receives a very depressed mother with her daughter Karamelle, twenty months old, who does neither walks or talks. The couple met in a city (in France) and had wanted this daughter. The man wanted to return to Martinique, the lady followed him, leaving a job she loved. They separated when Karamelle was a year old, her husband had met another woman and got her pregnant. Later she lived with her mother. The maternal grandmother, however, did not appreciate her much. She told her she had “bad milk” that did not benefit the girl. After a few sessions, in which she had found confidence in her role as a mother, the woman disappeared, to return 5 months later. In fact, her grandmother, her aunts and neighbors has recommended that she see a healer. This person prescribed a “ban démaré”, a bath made in the traditional way: leaves are collected from their grandmother, and the prepared

bath is then made by the mother. Since then, she shares this bath experience in the evening with her daughter, and she feels better, and her daughter, who has become more lively, goes to school where she is fine (the example is Broche Jarrin, 2015).

In this situation we could say that this mother has a depressive state, a maternal postnatal depression, in which she does not seem to find pleasure with her daughter, and her mother's support does not help her to get back to life. Indeed, it might be said that the opposite is true.

The use of traditional medicine, a well-formalized rite in Martinique (the ban démaré) can be understood as a return to the origins, that is, an appeal to anchorage in the mother-daughter line: the healing time dates back to the period of slavery, where mothers could not count on fathers to ensure the transmission of life to the baby. The extended family is not limited to grandparents, but it is rooted even further in generations, back to the ancestors, at the origin of lineage (6). Rites are deeply rooted in a culture.

### **To conclude briefly, the risk of a society that exalts individualism**

The coming of a baby to the world has a very strong impact that no dream would suffice to contain, unless there is a group containing (as in Claudio Neri's example) a "setting" to lean on. We note that the work of the observer (according to Esther Bick's method) makes sense in our culture as a "setting" that can reinforce the possibilities of paying attention to the child, can "group", create a "field" where some transformation processes will become possible. With Charles, Laurent, Simon or Karamelle, we have been able to perceive the various "waves" that shake the child's "cradle" and were at risk of destroying it. These "waves" are the ones that also allow to tie bonds between the child and his environment, bonds that will be solid enough so that he can also weave his skin by bonding with his relatives and generating his own "skin" (Anzieu) and its containing boundaries.

Rites thus appear to be anchored both in the symbolic place of the subjects and their psychic and bodily transformations. We could question the empty place they leave when they disappear, without having any connections, in a Western world characterized by individualism.

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## Notes

- 1) Rochette resumes the three phases described by Van Gennep in 1909. After a first phase of separation from the original state (birth and separation of bodies), the second phase is a period of marginality and isolation: we can think of the “forty days” present in many cultures. It is a ritualized time in which a whole community of women is mobilized around the mother and child. Finally, the third phase is that of integration into the new community circle. Moment of re-establishment for the mother, J. Rochette, emphasized the symbolic function of this passage, as indicated in the Bible's “Presentation to the Temple”: the child has access to an identity through a ritual in the community.
  - 2) We are now following an observation during a meal when Laurent is two months old: “Laurent constantly looks at the mother who says, “From what I'm looking at, it would be said that it devastates me”. Then she watches the television. I look at Laurent looking at his mother watching television! [...]. After a break in which Laurent puts his fists in his mouth, the mother looks at the baby's hands and tells me he has not scratched practically, just once last Wednesday. She had really believed that he would have created a scar once, because it was a deep scratch, the flesh was cut as if it was a knife blade. Then she tells me that the skin of babies heals quickly and then looks at the television again. Laurent continues to feed and his mother notes that he does not drink greedily today and he is taking his time. Shortly afterwards the mother offers pastries to the observer, noting that she still has anemia following childbirth”.
- Finally, the mother offers the observer a cake that she prepared at home: she is capable of doing and donating, without feeling stripped of everything now. Laurent is beginning to enter more visibly in relation, which reassures her.

3) The mother comes back with the baby's bottle and puts it next to Laurent who puts his fist in his mouth. The mother smiles and tells him to take it out, otherwise she can not give him the bottle. Then she takes the baby's hand and gives him the baby bottle and laughs, saying, "Hem, I would eat you, you know I will not prepare your soup one day and I'll eat you". "The child begins to suck vigorously then more quietly. The mother adjusts the hole because the milk does not go too fast, and notices that he has scratched. She says "he's bleeding". Shortly afterwards she remembers an outing with a friend, she talks about vacations, and remembers playing in the snow when she was a child, and then she says she is in a hurry to see him grow up and go to the snow with him".

4) At the time of the bath, this observation is finely noted: "At the beginning of his entrance to the bathroom: Simon turns his head and whole body to the right and observes a precise point (the wall? the handkerchiefs box?). His whole body seems relaxed. He just moves his arms a little. Today only a few words accompany the lady's gestures, or a few words that I almost do not understand. The mother takes off his clothes with Simon looking again to the wall. Then in the bathroom, kept by her mother, Simon has the water in his eyes, opens and closes his eyes, gently, calmly".

5) Simon has a sister, Juliette, who is not yet two years old when he comes to the world. In the observations she takes a lot of room, over-stressing the mother and the observer so that she can take a "place", to take "the" place of the brother. The mother complains a lot about her repeatedly: she is attached to her unceasingly, becomes almost tyrannical; but she seems to try to protect her daughter from her unavailability due to her brother's presence. Everything happens as if this baby came too early, as if the mother had not had enough time to stay with her daughter. Ms. S. in this sense is not depressed, she is animated by the relationship with her older daughter. Simon will be very supportive of her sister, he looks very responsive to her presence, especially when he will become more active.

6) The failure of traditional rituals could radically undermine the same challenges of transmission of life as in acculturation processes. The time after childbirth is very ritualized, with different roles for men and women. Breastfeeding also participates in complex cultural representations where substances such as sperm, milk and blood have very specific positions in beliefs. Deculturation processes are thus likely to produce confusion that attacks the very identity of the mother's feeling of having to nurture her baby properly. Returning from a humanitarian mission against hunger, V. Pilot indicates that in certain cultured ethnic groups, where infant mortality is very high, mothers were "persuaded that their milk was poisoned". We may think that the metacultural guarantors (Kaës) no longer carry out by means the rites, their function to support the transformation of women into mothers, men into fathers, milk into nutrition because the guarantors have not been sufficiently backed up or also retransmitted by other credible reference points.

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Translated from the editorial board