The trauma of childbirth: fallen from the nest.
Clinical Narcissism applied to families with hospitalized babies.

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Abstract

Premature birth is a trauma. Being born prematurely is traumatic.

This paper tries to explore the cracks and unexpected situations, created by technical advances and suggests ways for the psychic survival of the mother-son bond. An analogy is used between children's stories about broken nests saved by fairies and elves and these dramatic day-to-day stories occur thanks to the latest technology and, where the pediatricians are now represented as the heroes.

How do parents cope with this situation? How do they work through this?

How do mothers cope with having to stay in hospital? A group session of mothers is used to get to know their feelings, their ways of speaking, their perceptions and their logic of caring. It signals the importance of providing a safe and secure environment for the abreaction and elaboration of this situation. The place is thought of as a balancing structure that functions like a transitional space, permitting the recovery of the parent-infant bond.

Key Words: Abreaction, Erogenous body, Elaboration, Intersubjectivity, Prematurity.

Introduction

When a psychoanalyst decides to work away from his consulting room, the first problem that appears is being able to confront his deep ignorance about the institution he has been asked to work for.

It takes time to get to know the institution's history (background), to learn the language, the code of practice, but mainly to establish an atmosphere of trust.

Once you have obtained this, then it is possible to share the tasks, and from that point onwards, a new language emerges, which is a combination of both disciplines and consequently a reciprocal relationship is established.

Writing is a way of thinking about the empirical level on which one has been working on.

This paper is an attempt to register our experiences over the past ten years.

We are working in an Intensive Care Neonatal Unit within a Public Hospital.

If we think the process of symbolizing as a way to assimilate a foreign body to determine its own representational system, I'm going to consider "the foreign body" of this paper, the logic of caring and the performance of the team in the Intensive Neonatal Unit.

We can react in different ways when you have to face a painful situation, like being in touch with the new born suffering and the reality of death.

The first reaction is to keep a safe distance: physically, emotionally or both.

If one decides to stay and connect emotionally, it might be useful to practice the analytic listening we have been prepared for.

The particular noise of human suffering and the movements generated by the transference and the counter transference allow us to observe and use our own and the group's movements, searching for and creating new conceptual tools to be tested.

This way of "building realities" is what I use so often to perform the task and to write papers.

So you are going to find that I alternate the narrated facts with tales and myths, trying to find resonances that might generate new meanings.

I believe that advances in technology in the field of Neonatology will require the construction of “new realities”, which will question or destroy many myths and beliefs.

This generates a rebuilding process that moves us towards a non identification that forces a permanent appeal in the judgment of existence: What is it? Who is it? Is it?

Children’s stories

When the baby has just been born, it only has a physical existence as it has not been recognized by his family yet or welcomed by the community.

The birth rites that take place immediately after childbirth give the new born the status of “living”.

I recommend thinking of the mother’s body as the first nest; where we all come from.

I invite you to explore the world of children who are “forced” to leave the nest prematurely.

Indeed, in children’s stories, it is common to find tales of destroyed nests.

The unleashed forces of nature tend to be the reason that the chicks leave the nest and end up lying on the floor (mother earth).

In such circumstances, fairies and elves, representing civilization, appear and become the baby bird’s protection.

New disasters then follow, but finally the baby birds manage to get in touch again with their parents.

Mircea Eliade (1964) gives this kind of tale content, an initiation or sacred meaning. They are considered as an expression of individual and collective psychic life.

Under these circumstances the risk of death is due to the lack of a secure environment.

It is necessary to build an ego assistant in another person, who is supposed to assume the parental functions. This is the hero's role. He is meant to rescue the archaic protector's psychic feeling that faces up to deep feelings of abandonment and despair which appear in the beginning of the story.

We could imagine the hero as a pre oedipal parental image, represented by mixed figures: fairies and elves.

Confronting a separation that moves the main emotional security, they come into the scene recreating the character of the mother- father that provides protection.

Places: nest- niche- nesting

The nest is the structure birds build to incubate their young.

In Ecology, the *habitat* is the structure where different species live. In this habitat, we can find *niches* occupied by different organisms. The niche marks the functional role that each species play in the community. It is a sign of ownership. Both terms: nest and niche, embody the transgender level as a structural matter.

Neonatologists call the *nest* the structure they assemble inside the incubator, surrounding the baby and containing it. They attempt to reproduce the characteristics of the natural habitat, where babies come from: the mother's womb.

In the world of Perinatology, technological advances have allowed us to reconstruct the intrauterine world. This fact allows us to think of Neonatologists as fairies or elves that keep babies alive although their parents gave them up for lost.

When a baby is born with problems, it is separated from his mother and taken to an Intensive Care Unit. If things go well, he is moved to a Care Unit. Before being discharged, the mother and baby are reunited and stay together for several days in a place called *nesting.*

This paper was conceived in that place, where pediatricians and pschycoanalists work together in the delicate task of providing the place that helps to facilitate the

process of recognition to both members of the dyad. Neonatologists and Psychoanalysts get together twice a week to coordinate therapeutical groups for parents whose babies have been hospitalized.

Now I am going to present the text of a reconstructed session.

Nesting

Participating in the session: *Claudia (*26), mother of the twins, *Rosa* (31) mother of Valentina, *Vanessa* (24) mother of Mariano and *Victoria* (19) mother of Adrián.

Coordinating: Dr Cristina Romano, Lic. A: Heath y Dr O. Menéndez.

Candela and Dolores, the twins, are living in the nesting with their mother: *Claudia*.

Rosa: I feel bad, they had to drain my baby's tummy as it was very hard and she threw up.

I had horrible thoughts and all this is breaking my heart in two. The drain has been removed but every time I have to give her milk, I feel my heart breaking once again.

Claudia: Is this your first baby?

Rosa: No, she is the seventh, but she is the second one to be born prematurely. She was born at seven months but I feel it was like the other time, when Anabella arrived and was hospitalized for twenty one days.

Now she is nine years old and has already had a lung operation and still has a lot of problems.

The new baby was born weighing 2.1kgs and at thirty three weeks but I feel the same concern that I felt on the previous occasion.

Today I held her for the first time, it was wonderful.

Anabella, only after few days of life had a serious lung infection. She was also in an incubator but with oxygen.

I saw her through a pane of glass. She was born with a spot on her face, an angioma that passes through the face to the gum. She needs an operation because the angioma will not allow the tooth to be removed.

I was in the Gutierrez Hospital doing Anabella's pre-surgical studies but suddenly my waters broke and they brought me here. They told me I had to have a Caesarean but finally ended up having a natural childbirth.

Dr. Menéndez: Perhaps you feel that your heart is breaking into two because you would like to be with your two daughters at the same time, but you can't.

Rosa: Yes!! Also with my other children! But those who need me more are Valentina and Anabella (she stars crying)… They are all with my husband but tomorrow they are going with my mother-in-law as my husband has to take Anabella to the hospital to be operated on.

Dra. Romano: Would you like to go?

Rosa: Yes, but I can't. I am hospitalized in Obstetrics. If I ask to be discharged then I can't get back but if I leave without permission they might think that I have escaped.

Dra. Romano: Gutierrez Hospital is very close. I am sure we can talk with the doctors who work in Obstetrics and explain the situation. You are not in jail….

Dr. Menéndez: Also, the one who knows a lot about "breaking in two" is Claudia!!!

Rosa: But the twins are together with her!

Claudia: Now!! But at first, one had eaten but the other had not, one was in the Intensive Unit and the other in Obstetrics, with me.

Rosa: I'm really afraid of being ticked off. I asked for the nurse's permission to hold my baby but it was very hard because I was afraid she would not agree. I also had deep doubts until I could give her the milk through the probe. Finally I decided to do it, but I asked the nurse for help.

Having the chance to tell you all this, makes me feel a lot better. I need to apologize to you all because I am crying but I feel as if everything was "loosening".

Vanessa and Victoria enter in the nesting, they great everyone and sit down.

Vanessa: Yesterday was the first day I was here alone. My mother had been with me since the very first day, but yesterday she went home and I felt really down. I had a headache until today, she cries.

I do not like to see Mariano with his eyes covered with that mask (lighting therapy). He can see nothing. Everything is dark. He moves his head like this (she moves her head) trying… but he can see nothing. I thought he was going to be in the incubator one or two days. He is my first baby….

I was told that something was wrong with the placenta. He was thirty six weeks old, when he was born. But he weighed just 1.3kg. They realized we were in trouble when they measured the size of my tummy.

Rosa: Do you need to have your mother with you?

Vanessa: Yes!! Today I have to clean the cesareans wound alone. She both cleaned it and blew on it.

Dr Romano: Mariano is wearing a mask because he has "hiperbilirubinemia" (his bilirubina blood levels are very high) and is the reason why he has a lamp over him. The mask is protecting his eyes and I think the drip is going to be removed today.

Vanessa: Why does his skin look so yellow?

Dr Romano: Babies are born with a greater number of red blood cells than adults but the lifespan of these blood cells are shorter.

Our body uses the liver to degrade them, but as there are so many, sometimes it can do its task well and the bilirubina passes onto the skin and the yellow color appears.

Rosa: I always stayed with Anabella when she was hospitalized, fifteen times so far, and I have never betrayed her. She is very close to me. If I feel awful without her and I do not want to imagine the way she may be feeling now.

Victoria: The milk isn't coming out of my breast!!!

Claudia: Be patient! Keep trying! I had to feed my baby at 3am yesterday but I overslept.

Victoria: The first few times I came to see him I felt sick, I had headaches, palpitations and I was afraid of fainting. Now, the more I come, the better I feel.

I put my baby on my breast and some drops of milk appear, but as he is very "lazy", he just takes a little and falls asleep.

My mother abandoned me when I was nine. My aunt brought me up, so she is my real mother…

I will never forget the day Adrián was born. I thought I had wet myself when my waters broke! And, when the strong contractions appeared I thought I had broken a bone. The doctor came and told me that the head was popping out. He came out in a rush. The most I suffered was when the doctor did the stitches. It was such an incredible moment!

The speech of this place

"Sorry if I sing sorrows or tales about people in bad moods,
but I have trapped visions, under my eyelids"…
Poem of E. Traverso.
In "Song to the hidden liquors of the landscape."

I guess that the vocabulary that the mothers used impressed you. You are just reading but I was listening there with them. I hope I have been able to convey onto you in this story the facts that caught my attention.

What characterizes this way of speaking? It is perfectly understandable but it is not the way we speak or what we are used to listening to in our consulting room. The words used seem to resemble those used by a poet.

These mothers express sensitive ideas. They don't speak "of hearsay". Their knowledge is seen and felt. They move with absolutely freedom to "enter and exit" the body to the symbol. It reminds me of the way the Greek Materialists considered ideas. They defined them as "films that came from things to carry the information to the eye". For them, getting to know an object would be like "touching it with the eyes."

Bion (1962) would say: "sensorial impressions are the raw material that allows embryonic thinking to evolve and are able to transform into alfa elements".

My counter-transferencial impression, having heard them speak, was seeing what I was listening to. I had never had this experience before of finding such harsh contents that generated such an important associative display in group therapy.

Winnicott (1965) uses the concept of "primary maternal concern" as that state of hypersensitivity, almost like a disease, which allows the mother to identify with her baby. I understand that he is referring to this particular way of perceiving and transmitting that is manifested in the mother's interaction.

D. Anzieu (1998) states that "every thought is thought about an idea of my body, then about all bodies in general (physical and social)". It is based on Spinoza who stated that "the human mind doesn't know the human body itself, it only knows about its existence, thanks to the ideas of the affections that affect the body".

We know that there is no consciousness without an object that generates it, but how do we pass this simple object consciousness (body experience) to knowledge? How do we move forward from the conscious ego to the thinking ego? From the ego that perceives external objects to the ego that can think about its internal contents?

All that comes from the body keeps the darkness and the confusion typical to the corporal affects. Rosa says that it helps a lot to be able to express herself freely. She apologizes for crying but, at the same time, she clarifies that she feels as if everything was “loosening”.

I understand that she is relating to not only the “tearful incontinence” but also to the chance of building a speech that might pacify her overflowing emotions: “the hard tummies cause vomiting which in turn lead to punctures that break hearts at the time of breastfeeding”.

I understand that Bion (1962) called beta elements the harsh impressions that tend to be evacuated unless they could find a transformer container that enables them to become alfa elements.

Every mind needs, in the beginning, another mind to develop. This development emerges through multiple interactions of projections and introjections. Primitive sensitivities and anxieties would be evacuated into the mind of the mother, which receives them, signifies them and transforms them into something tolerable by the baby.

The baby would receive a part of his own personality, which it can now assimilate. During the same process, the alfa function introjections would take place. The possibility of development of this function would be closely linked to the ability of the maternal reverie.

The attention of the mother would act as a channel that joins the babies’ emotions and feelings. But in depressed mothers we find this attention altered. The mothers, whose babies have been hospitalized, feel depressed. They have been separated from their babies and they feel they are responsible for this.

But, as we are seeing, if they have a continent space, they can express and are able to transform sensory data into psychological data.

The logic of the mother's care is not usually processed by the mind. Children live in family moods and practices that exceed their understanding. The situation of having been separated from their children and to be in the hands of pediatricians, force the mothers to get to know about the logic of care in this new place.

In doing so, one has the chance to get to know the mothers own viewpoint on the matter.

For example: Vanessa takes up the theme of darkness from her baby.

Why do they cover his eyes? If he can't see me, how is he going to recognize me?

Then she leads us to the origins of cheering up a child. She explains to us the importance of having the presence of a mother who "*blows on our wounds*".

I understand it as if the mind sees the idea: blowing. Thinking gives form to the idea, transforming it into a figure: *to give breath.*

It reminds me of Bion's idea of thoughts in search of a thinker. Here, would be the mother that recognizes us in our development and also aids us to become self-confident.

Vanessa's revelation is a disappointment to Rosa and Victoria and we can infer by their reaction that they knew very little of this "good enough mother".

I think that Rosa had always felt like a mother and Victoria since the age of nine. But, at least, Victoria's aunt represented the possibility of help.

Victoria associates the presence of milk, in their breast, with the fact of "*see and be seen"* by her son, Adrián: "If I do not see him, everything gets confused. My head aches and I feel as if I were

fainting". She agrees with Vanessa about the importance of "*movement"*, especially for pregnant women. If the baby does not move or the tummy does not grow, this denotes "*death"*. She calms down when she realizes that the baby is "*lazy*" but "*alive"*.

Psychic work mainly consists of building continents or deconstructing them (mourning work). Rosa's fear of having her heart broken could be thought of as the need for a continent that allows her to discriminate: from self-consciousness to object-consciousness.

I imagine her heart like a parachute that, when inflated, could contain an infinite quantity of babies. But after giving birth, it goes flat so abruptly (maybe because of the excess of contents) than ends up scattered all over the floor, prisoner of the soil.

Just with the help of the others, Rosa could get out of that state and had the possibility of feeling authorized to feed her baby, hold him and be present in her other daughter's operation.

When Dr. Romano explained the process of the liver degrading the red blood cells, I thought about the mother's process of thinking. They can not process "*alone"* so many contents.

The construction of a compensatory structure could prevent the future of the mother-child bond. It would work as a transitional space that could reconnect the baby with his protecting parents and help the mother to regain her capacity of reverie.

The group-nesting could be thought of as a continent place where pediatricians and psychoanalysts act as *aunts or uncles blowing,* trying to contain the chaos and helping with the thinking and doing.

Bion (1962) takes from Poincaré the concept of the "*selected fact"*. It would be the one who gives cohesion to previously scattered facts.

Through the work done in the parent group, we have tried to transform mental states of dispersion into states of greater integration.

When a baby is taken away from her mother, the mother feels "drained".

Additionally, if she can not see the "content", is it possible she will not be depressed? Does it mean she is mad if she doubts she is a mother or not? Isn't it normal for them to be afraid about the feelings of the baby?

If the mother feels like that, how would you be feeling in a "*strange nest"* without knowing the language and without being able to detect who your mother is?

In this field, I think that a contribution from Dr George Groddeck (1923) could be very useful:

<<My mother only breast fed her eldest son. Afterwards she got a serious inflammation of the breast that led to her mammary glands drying up.

I suppose I was born two or three days early. So, the nurse they had arranged to be there was not at home. Another woman came every day to offer me her breast for the first three days. She did her best.

My parents told me that this fact did not cause any damage to me, but who can judge the feelings of an infant?

Being hungry does not seem to me to be a good welcome for a newborn.

I have had the opportunity to treat patients who gone through similar situations.

Although I can not demonstrate they had suffered damage in their soul, I think they did. In comparison to them, I think I was lucky…..>>

The Accumulative Trauma

The baby that is born prematurely is not an insensitive human being or with a sensorial system so immature that blocks feelings. This significantly complicates the work of the Neonatologists. It is no longer possible to think that the newborn does not suffer. It is hypersensitive because of the immaturity of their neurobyochimestry system which is not able to implement the pain inhibiter's system.

The mother, who functioned as a containing wall against the strong stimulus, is no longer.

How to cope with the huge number of stimuli that have just penetrated the safety barrier?

Winnicott (1965) has designated as "*impingements"* the mothers failures to carefully choose the moment to allow the stimuli to enter, internally or externally.

Masud Khan (1974), in his concept of *accumulative trauma,* takes into account psycho-physical facts that occur in the pre-verbal stage of the mother-infant bond.

He clarifies that he includes the mother's failures at the time and in the context where the fact took place. But he also includes a review of all that had happened before the fact.

In the case of a preterm birth, we'll be facing a fact that generates reconsidering the whole pregnancy and parental ties.

Rosa, in her speech transmits a lot of auto-amparo. Her difficulty to ask for help shows how afraid she is of being denied. How much suffering in solitude!!!

What a lot of confusing roles appear in Victoria's story. She appeared in front of her brother and father performing "the mother role", since she was nine years old. But she keeps in touch, inside herself, with a mother that rejected her and put all the blame on her.

Vanessa's mother seems to be such a "good mother". How we all miss her!!!

She really knows a lot about giving breath…!!!!

Language and inter-discipline

When a psychoanalyst has an interdisciplinary experience and commits himself, he starts using *we* to signify membership of this new team.

When one returns to the psychoanalytic field, colleagues point out that one acts and even writes differently. It sounds logical because one has changed and one needs to work hard to re-adjust to the previous situation.

These colleagues, who are interested in getting in touch with this experience, also need to concentrate on reading. We could associate this with managing different dialects of the same language.

I discovered, in my work with pediatricians, that certain psychoanalytic theories function as dialects that facilitate communication. While other theories sound like unknown languages.

I think that the world of hospitalized infants puts us in touch with the maternal caring language, which all of us get to know.

Perhaps it depends on the intensity of each persons drive to repair that could be understood as a dialect or as a language.

To my mind, pediatricians and psychoanalysts work together, being joined by the clinic, and work as a caring team. We are not asked to work as psychoanalysts in interpretative functions.

We are called because there are a lot of problems to resolve and our help to think is well received.

Both disciplines tend to dissociate intrapersonal and interpersonal levels, I suppose it is because both are trying to stay in a neutral position. Neonatologists are worried about the internal environment of the infant, whereas the psychoanalyst is concerned about its internal word.

Could we think of the interpersonal level as the latent content, working behind the scenes? Invisible but active…?

It takes time to get to know an Institution, its history, its laws, its myths.

We need to develop a pertinent way of listening that generates confidence. To achieve this goal, it is useful to have formed a base of free association, floating attention and abstinence.

Once you have got in touch with the problem, you need to create an elaborate area where they can be discussed. One starts working in the hallways or in the ICU itself. Over time, one is offered a room as a meeting place where it is possible to sit and think. When this happens it is a sign that we have obtained the psychic security conditions that allows the ideas to be recognized and discussed by the group. When you have a shared language, confidence and a common culture, it is possible to conceptualize clinical practices. For example, Neonatologists call the *nest* a structure they build inside the incubator to contain the baby. Here, they are attempting to recreate the conditions of the womb. I associate this nest with Winnicott's concept of maternal environment.

When the family doesn't visit the baby frequently, I then noticed that there were no nests nor was it being cared for. After eight years working in the hospital, I used to arrive in the Unit and ask about the absence of the nest, either to the nurse or to the doctor and they replied, quite simply, "we did not prepare the nest because we lack the materials but the mother comes…"We have created between us an equation that facilitates our communication*: nest-physical continence-psychical continence-mother-family environment.* I have also thought that the family attitude of rejecting or approaching the baby could be associated with the way they are dealing with the situation: *dialect or foreign language*?

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