The Contribution of the Study of the Earliest Interactions to the Understanding of the Early Parent Child Relationships

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It is interesting to approach contribution that the study of the earliest interactions has made to the understanding of the disorders in the early mother (father) child relationship. This is particularly useful approaching point from the clinical point of view , in several respects:

Clinical Practice. The study of the earliest relationships allows the clinician to identify the possible very early disturbances, mainly those that represent a high risk to the baby, and thereby it is possible to implement therapeutic measures at the earliest time.

Theory. The study of the earliest relationships allows us to understand how early chidlhood disturbances come to develop in relationship with the environment. This includes going from the mother/baby dyad to the transgenerational dimension.

Obviously, it is not necessary at this point to underly the importance of the early parents/ child relationship in the understanding of the psychic developmentof the child, and on the clinical manifestatons. Also, it is not necessary to repeat the importance of these relationships for the baby and for the parents themselves. For this reasons, clinical work is not limited really only to identifying and describing difficulties in parent/ child realtionships, one attempts also to find the place of this suffering, and these child symptoms, regarding issues like their origin, what made them become severe and to persist.

Before bringing up briefly a clinical situation and to underline some descriptive issues of this interaction, I think it is useful to outline what is the point of view and the field of study of " earliest interactions"

What is the importance of interactions in the clinical work?

From the beginning, it is necessary to note that one of the most important axes of our perspective is a **methodological** one. We are not limited only to work on ideas and representations of what is happening between the baby and those who interact with him/her (mother, father, brothers, sisters, other caretakers, etc.), nor are we intersted only in what they say, we also **observe** what is happening in the here and now, for instance, during the time of the consultation . Of course, the training of the clinician is based fundamentally on psychoanalysis….

But …what can or should one observe? Of what interactions is one talking about?

Without disavowing the multiple meanings of the word "interaction" in the general sense, as well as its many uses in psychology and psychopathology, here we are referring to the **interpersonal interaction .** This is a social dimension, and this is an Angloxason term. The clinical application of the term is rather extensive, it includes the observation of the reciprocal actions and the exchanges and communications between the baby and his/her mother or other persons associated with what could be called mothering *(partenaire)* during the clinical encounter (therapeutic consultation), during the session of psychotherapy or a home visit , etc. Interactions, then, implies a much broader application than that proposed by developmetnal psychologists, who are very interested in delineating and limiting the object they study.They try to estalbish a very precise definition like this: " a secuencia of at least two sets of behaviors oriented socially, contiguous and addressed reciprocally "

These intearctions then, could be represented graphically as an ascending spiral, where one encounters these elements:

Behavior. Meaning the behavior of the body, gazes, voice and the words of the mother.

The emotional life. (general affective tone of the interaction, quality of the affective harmonization),

Imaginary life (conscious)

Phantasmatic life (unconscious)

All of these impinge on the reciprocal interactions, and are observed during the period of interaction, and correspond to the psychic life of the main characters participating (participants in the interactional dyad) .

But how can we imagine in this ascending spiral the role and characteristics of the interactions between the baby and its main mothering figure?. This depends of several factors , in the baby and in the mother.

On the side of the mother we find factors like her availability at the time of the interaction and her characteristic mode of relating to the baby . On the side of the baby, we see factors like its alerteness, attention and availabilty at the time of interaction, his or her response to the approaches and stimulation of the person in charge of the early care, his or her current psychological status and the nascient personality traits, as well as the main ways of relating to that person and the modality of attachment. In sum, the shape of the intearction depends on the modes of relating of both subjects, but there are other factors that one has to take into account when we observe those interactions.

All of the above needs another clarification. The word interaction brings us to a circumscribed time frame, a precise space , and its reality with resepct to the rest of interactions is variable , as we know from our clinical work.

We conclude then, that **our notion of interaction is different from that of relationship** , a concept for which it is often mistaken

In the term relationship, the time frame is quite different. In speaking of a relationship, one could speak of attachment, how the relationship is born, develops, is reinforced or broken, or is about to break. The relationship is long lasting. Interactions are observed during minutes or even seconds.

2. A mother and her baby in difficulty.

The perspective of studying interactions in the clinical field has an obvious preventive dimension. Here, we attempt to identify problems in interactions before these difficulties are manifested in the form of symptoms in the baby or difficulties in his/her development

The interest in our perspective is more salient in approaching situations that are typically considered of high risk for the baby (prematurity, psychological disorder or abnormality in the baby, postpartum depression, psychopathology in the mother, the mother who is HIV positive, so-called multi-problem families, migrant familiest, etc.). The detection of early difficulties in the interactions can lead to prescribe a therapeutic program, a follow up, or psychological support through therapeutic consultations or brief mother/ baby psychotherapy, interventions in the home, tc.

Here a brief clinical vignette, which is expounded on elsewhere (Mazet, Ph., and Stoleru, S., 1993) where one clearly observes a "**bifocal perspective: to watch and to listen** " during a therapeutic consultation.

We are dealing with a young mother who comes to the consultation with her four month old baby at the suggestion of an early childhood educator (*puericultrice*) at the day care center.

The mother says: " He does not want to eat for me. He does not even see me…. He has eczema… and as I get more worried, he gets worse…"

The clinican observes that the mother makes desperate efforts to catch the baby's gaze and the baby averts, moving his head the other way at that moment. The mother , when the clinician suggests it, narrates her own history. She says that she had an intrusive

mother, a father who abandoned the home when she was three or four years old, and he came back when she was twelve years old, showing a great interest in her.

From that moment on, the mother speaks about important events in her life, and her incest with her father, who ends up leaving the house. She has not seen her father now for many years.

Two weeks after this session, the nurse reports , before they come into our session, that the mother fed the baby in the waiting room and that everything went apparently fine . The clinician also observes the the interactions during the session appear to be much moreharmonious, so we deduct that the mother and the baby are getting along better. The mother then confirms that there has been a change that she does not understand.

During the third session the omther says" " you know, I had not had any contact with my father since I was 12 or 13 . I wrote to him and told him about the birth of Tomas. I told him that I did not want to see him again". The father responded thanking her for having informed him about the birth of his grandson.

During the fourth session, the mother came with her partner, the father of the baby. The mother said that everything was going well and that she wished to stop the treatment at this point.

Our intention here is not to make comments on issues of psychopathology regarding the four sessions, but simply we wish to note that in this clinical situation, we were able to observe the difficulties in the interactions between the baby and his mother and this led to the hypothesis that there was in the mother a strong defense, namely due to her incestuous relationship with her own father, and which interferred in her relationship with the baby.

The therapist set in action this " bifocal atittude" that we discussed before, that is, **to listen** to the narration (discourse) of the story and at the same time **to observe** what is ocurring in the here and now of the consultation.

It is important ot underline the importance of psychoanalytic training in carrying out this work.

From anotherr point of view, one can say that this work of observation of interactions has allowed us to **make more objective the process of therapeutic change:** the disappearance of the difficulties in the interaction that we had observed in the first session and that indicated the difficulty in the relationship between mother and baby. In this way we are a **clinical witness** of this process of change. .

This field – of what can be observed – ca be used in the treatment itself, as much as parents speak about concrete situations, for instance, of the difficulties in certain moments or activities of everyday life (feeding the baby, changing clothes, bathing, etc). These situations really give support to the verbalizations of affects and of psychic representations.

We also want to note that in this observation, the **transgenerational dimension** also appears very clearly .

Having said this, let us point out that the fact that an interpersonal relationship is constructed , among other things starting from the interactions between two people. It is externalized through interactions that are observable, and this will give us an idea of the type of relationship we are observing.

Two more points.

- With the data gathered during observations of interactions, during the duration of the clinical encounter, we make a hypothesis that these interactions are really a translation of modalities of interaction, and very significant, regarding the more general modes of communication between the partners.

-Let us remember that we are talking about a clinical, interpersonal encounter, and that the observation of a clinical participant is not ever neutral

Toward a " clinic of interactions"

From the ideas exposed above, the idea of interaction in the clinical field is, to our thinking, much wider than the observation of interaction between behaviors.

The Bobigny school (S. Lebovici, S.Stoleru, 1983. Mazet y Stoleru, 1988) proposes three dimensions of interaction:

The behavioral interaction: includes the interphase of the muscular tone, posture, movements and skin contact, gazes, vocalizations of the baby and words of the mother.

The affective interaction. General affective tone of the intearction and quality of affective harmonization, allowing the baby and her caretaekr to share emotional experiences.

Phantasmatic interaction, with two dimensions: imaginary (conscious or preconscious) and the phantasmatic unconscious one.

The notion of phantasmatic interaction was introduced on one side by Leon Kreisler and Bertrand Cramer (1981) and on the other by S. Lebovici (1983). It corresponds to an intrapsychic dimension, mostly having to do with fantasies, that we can detect or surmise during an interactive sequence. For instance,in the vignette described above, it had to do with the transgenerational interactions .

If one attempted to systematize the difficulties in interacrtions in the qualitative and quantitative spheres, one could propose:

In the quantitative level: interactions that are excessive or not sufficient, or the lack of interaction.

Qualitatively: The existence of reciprocity and mutuality, which may lead also to disharmonic interactions

Temporal manifestations of the interactons, for instance discontinuity in the interactions (micro/breakings), the lack of transformation of intearactions (as when they are fixated), or the repetition of an interactive sequence.

It would be quite interesting to observe how in clinical practice, we try to describe and qualify these difficulties of the parent/ chidl relationship, from a qualitative point of view (feelings of tension, insecurity, anxiety , an aggressive or an erotized relationship , etc) , and also from a quantitative point of view (for instance lack of care, excessive attention, excessive emotinal investment, deficits, etc.).

In closing, we think that perspective of looking at interactions opens new territory, stimulating and enriching , for clinical research (for instance in work with prematureinfants, maternal depression, sleep disturbances, feeding disorder, multi problemfamilies) as well as for non clinical situations (for instance in still-face studies or studies of triadic realtionships) .

References.

- Fraiberg S. (1980) Clinical Studies in Infant Mental Health The First Year of Life, New York, Basic books.

- Kreisler L. Et Cramer B. (1981) Sur les Bases Cliniques de la Psychiatrie du Nourrisson Psychiatrie de l`enfant, 24, 1, 223- 263.

- Lebovici S. Et Stoleru S. (1983), La mère, le nourrisson et le psychanalyste, les interactions prècoces, Paris, Le Centurion.

- Mazet Ph. Et Stoleru S. (1993) Psychopathologie du nourrison et du jeune enfant, Segunda Ediciòn, Paris, Masson.

. Palacio Espasa F. et Manzano J. (1988) Problèmatique psychique et interactions parents-bebè lors des interventions thèrapeutiques in: B; Cramer (dir) Psychiatrie du bebè, Nouvelles Fontaières, 71, 83, Paris, Eshel.

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