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The baby and his majesties: some considerations on human helplessness

Nara Amália Caron*¹, Maria Mercedes Cardoso da Fonseca², and Rita Sobreira Lopes³

Observation of obstetric ultrasound and of the setting in which it takes place, through an application of the Bick method, demonstrates aspects of the transition process to parenthood, siblinghood, and grandparenthood. The image and the setting provoke an intense emotional response which prompts regression. The idealised security of the baby inside is shattered by the dramatic intensity of primitive emotion aroused. Caught in intergenerational ties, the baby ends up being the target of massive parental projections, and is not able to assume the position implied when Freud talks about ‘His Majesty the Baby.’ The members of the baby’s family become ‘Their Majesties’ instead. Since the doctor offers a containing setting, in which there can be a shared interpretation of images, he or she may facilitate the process of becoming a father, mother, sibling, grandparent, by helping to organise the creation of ties with the baby.

Keywords: obstetric ultrasound; Bick method; infant observation

‘The child shall have a better time than his parents; he shall not be subject to the necessities which they have recognized as paramount in life. Illness, death, renunciation of enjoyment, restrictions on his own will shall not touch him; the laws of nature and of society shall be abrogated in his favour; he shall once more really be the centre and core of creation – “His Majesty the Baby,” as we once fancied ourselves. The child shall fulfil those wishful dreams of the parents which they never carried out – the boy shall become a great man and a hero in his father’s place, and the girl shall marry a prince as a tardy compensation for her mother. At the most touchy point in the narcissistic system, the immortality of the ego, which is so hard pressed by reality, security is achieved by taking refuge in the child.’

From *On narcissism: An introduction*. (Freud, 1914, p. 91)

Introduction

Looking into the inside awakens an extreme degree of narcissistic omnipotence in the viewers and, as Winnicott (1987) writes, ‘Certainly there is something that happens to people when they are confronted with the helplessness that is supposed to characterise the baby . . . We could almost say that those who are in the position of caring for a baby are as helpless as the baby can be said to be. Perhaps there can be a battle of helplessness’ (p. 103).

Dealing with human helplessness and its consequences throughout life is, and will always be, a challenge. The baby is the image of helplessness, and yet has the power to provoke several and distinct reactions. The ideas that will be developed in this paper rely on observations, via obstetric ultrasound, of the baby in the mother’s uterus. The paper consists of a research application of the Bick method (Bick, 1964) to this context.

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This research application relies on the previously trained capacities of the observer. As in the standard method, the observations took place at the same time and day of the week and lasted one hour. They were supervised by a seminar group.

Both in situations of foetal pathology (Caron & Maltz, 1994) and normality (Caron, Fonseca & Kompinsky, 2000), our initial studies focused on the analysis and understanding of the mother-foetus relationship, with its complex conscious and unconscious psychic processes. These studies were largely inspired by Piontelli's (1992) pioneering work with obstetric ultrasound. At the same time as seeing a technological evolution in obstetric ultrasound examination, we have been observing changes in the participants in the examination: the presence of fathers, siblings, grandmothers and even great grandmothers has become far more usual. When family members were present, they have been included in the observation.

We hope that this article will show that the observation of obstetric ultrasound can provide us with a cross-sectional view of the transition to becoming mother, father, sibling, grandmother, or great grandmother. We have carried out a joint analysis of the observation of all the participants in the examination and have found that as a result of the intense internal mobilization in response to the image and the setting, they all have an emotional reaction which leaves the participants more permeable, transparent, and expressing more freely their sensations and feeling of helplessness, loneliness, vulnerability, ambivalence and object idealisation. There is a narcissistic investment in the baby, who is seen as some aspect of each individual. Frequently and quickly the participants defend themselves from disillusion, renunciation, and disintegration, using the foetus's image and the doctor as a multifaceted mirror that reflects the omnipotence, power, and authority of the various different participants. It is not 'His Majesty the Baby'; the baby itself sometimes disappears. We see how the particular features and sometimes the wounds of this very early phase of development appear at this moment, demonstrating the level of the individual family members' maturity or immaturity.

Emotional impact of ultrasound

The presentation of an ultrasound image is never neutral. It shows the foetus with its specific, primitive, disorganised characteristics. The impact is also due to the immense quantity of information available through these images, presented all at once to our perception. It is as if a dream suddenly were condensed and real in only one image, bringing to life in each participant some primitive psychic content. It has the power of a traumatic disorganizing effect on the psychic structure. It shows what is felt and not what is said:

A five-year-old little boy tried hard to hold his mother's face turned towards him so as to not look at the foetus. When he would no longer bear being in this position, he pulled his mother towards himself and said, 'Don't forget that I love you.'

Each person has his or her own black box, with its meaningless aspects, that can not be integrated. These aspects reappear with special strength in traumatic situations (birth, death, loss) throughout life. Pregnancy is a remarkable example of a time when old ghosts are mobilized. All family members need to create space for this new being and each one will react according to his or her needs, wishes, expectations, conflicts, and personal history.

The surprise reaction (of all those present) to the images is a moment of emotional impact concerning the strange-familiar or the 'uncanny' (Freud, 1919), constituting a

manifestation with significant unconscious expressions. It leads us to infantile experiences, especially to the primitive anxieties and beliefs from which human beings never completely free themselves. The 'strange' for Freud refers to a state of sensitivity usually related to that which provokes repulsive and afflicting feelings. The examination situation provokes more easily feelings of strangeness, since we have all been in the womb, some very recently, as in the case of siblings:

In an ultrasound examination the foetus's cousin and brother were present. They were both 4 years old. The frightened brother was hiding and talked about the fear of the monster they would see. The cousin says: 'No, he is not a monster, he is your little brother.'

Children's reactions are always intense: deep sleep, agitation, anxiety, flight, aggression:

A 2-year-old boy cries desperately, scared to look at the monitor. He cuddles himself in the father's lap and sleeps deeply. At the end of the examination, nobody can wake him up.

The participants' greater psychic permeability is facilitated by the regression provoked by the ultrasound setting itself. The examination room is relatively dark, silent, a cosy size: closed doors and windows – a reality as if separate from outside. The silence, the image, the nonverbal, deeply and very quickly touch the participants. It is something difficult to translate, to put into words and sometimes expresses itself through the body or through bizarre ideas or attitudes:

A great grandmother made a big fuss during an examination, saying that she did not want to see those figures, she did not understand anything, and left the room furiously, slamming the door.

During an examination of a 12-week-old foetus a mother goes to the toilet to urinate and he husband follows her. She returns and says that he became too disoriented, feeling bad physically and emotionally. After some time he returns, confused, not understanding the explanations he's given. The mother says: 'He seems to feel as if he is the mother.'

Helplessness

The baby's intrauterine condition shows the fragility and helplessness of the human being, unbearably mortal, who needs another human being to continue to exist. The life-death duality is brought to our attention in reality. At any time the baby or the intrauterine environment might develop a pathology, and either the baby or the mother might not survive. This new mother-baby dyad is constantly permeated during this period by the absolute and mutual dependence of both the foetus towards the mother and the mother towards the foetus. The mother's procreative capacity gives her a sense of strength, power and possession, as well as control over the life and death of a being whose existence depends on her. It is fundamental to remember the meaning of the desire for a child, which does not belong only to the conscious life. We can see the extent to which the observation of obstetric ultrasound is a road to unconscious processes that are revealed in the reactions to seeing the foetus:

During an examination all a mother wants to know is the sex of the foetus since it is a decisive factor for her first pregnancy's continuity. She explains: 'I want to give my husband a boy because he's got two girls from a previous marriage.' When the doctor confirmed that the foetus was female she decided to have an abortion.

In cases of foetal pathology, the relationship of mutual dependence and the parents' helplessness are made clear:

The parents were informed about the seriousness of the 22-week foetus's situation. They seemed to be on another planet, talking about another person, another issue. The examination started and there appeared a dead foetus. The doctor explained that the foetus did not move. She showed it, and repeated it. The father said, 'She sleeps, she can sleep.' The doctor showed the immobility, the heart that did not beat, and the father added, 'My little girl is hiding from daddy.' The examination proceeded and the couple could not understand the reason why they should return to the obstetrician.

These naturally primitive and actively present aspects during pregnancy provoke intense sensations and feelings of illusion and disillusion in all those participating in the examinations. In order to defend themselves from helplessness, they become the centre of attention, 'Their Majesties,' competing for the observational space, striving to be seen and supported at that moment:

During an examination of a 33–34-week male foetus, on the 75–90 percentile, the observer notes that everybody occupies a lot of space. The large mother remains silent. Besides being physically big, the father is critical, ironic, authoritarian and competitive, always challenging in a dispute; he wants to win at any cost. He seems to be more concerned with the discussions with the medical doctor, showing how big and strong he is. They rarely talk or look at the baby, even though the baby is big and the doctor points this out to him frequently.

The confrontation with the baby's image provokes reactions that show how the participants of the ultrasound setting are dominated by unconscious reactions: their anxieties, their predominant defence mechanisms and their identification with the baby:

The emotional climate in the ultrasound of a 22-week foetus boy is cold, uncomfortable. Nobody looks at the foetus. The mother is at the centre and does not leave space for anybody else: not even for the baby, the father, the grandmother. The only concern is about investigating pathologies. The mother uses technical language and seems to be more concerned with showing what she knows, dominating and controlling. 'Besides the morphology is it possible to check the organs' physiology? When is the foetal echocardiography carried out? Is it for checking the palate fissure?' The mother is insistent and exhausting.

Intrusion-idealised expectations

The foetus moves, showing its spontaneity and characteristics that are independent of any external person's wishes. However, many people cannot bear to contain, respect, let grow, and observe children's free and direct expression, without interpreting all their movements. Knowing the sex is an attempt to put order in the chaos and to create a more comprehensible, less frightening world. The knowledge brings relief, makes the foetus's image known, controlled and familiar. The baby acquires more than a sex: it gets an identity, a name, and possibly another space in the psychic life of all those present in the room:

A father during an ultrasound examination observes the foetus quietly until the sex is revealed: a boy. So the father says, 'This is Francisco,' and goes on and on saying that he will belong to a certain football team, talking about the clothes he is going to wear. It was more intimate and familiar.

When the baby's image frustrates intense desires and great expectations, the real baby may succumb to the tyranny of the imaginary baby. Omnipotent phantasies will freely abound in the examination room, in a frightening manner and without limit, guided only by the laws of the unconscious:

In an examination the foetus's female sex is confirmed. The mother, obviously altered, violently repudiates this and accuses the doctor of incompetence, stating that the baby's penis will grow and that she will come back to the clinic in order to show him to the doctor.

Hostile attacks on the real baby may be observed. It is as if the real baby, when confronted with the force and unlimited power of the imaginary baby, were smashed, eliminated by him, with no mercy or forgiveness:

For particular reasons, we observed four ultrasound examinations of a male foetus. The mother behaved the same way in all examinations: she would speak loudly, excessively, was irritated and impulsive; her speech was like a discharge. Already in the first examination she only wanted to know the baby's sex. Her desire, almost an order, was to have a girl. She would make ironic comments about her silent and withdrawn husband and about the older son who participated in one of the examinations. When she was able to look at the foetus she thought he was "small, had a small penis, big forehead, big nose . . .," almost deformed. When he was 37 weeks old she remained intolerant, in a mixture of tediums, tiredness and scorn, calling the foetus 'she.'

The participants in the examination

Each person, mother, father, sibling, grandmother, great grandmother, is touched by the image according to their own stage in the life-cycle, coloured by regression. During the whole gestational period there is a reorganisation of the family, from the mother, father, siblings, grandmothers and great grandmothers, which is simultaneous to the foetus's occupation of a place and a role in the family and in the transgenerational dynamics:

During an examination, the expectation was in relation to the baby's sex. The grandmother was very touched by the image, talked a great deal, occupying the whole space: 'Imagine if it is a boy.' She explains that she has two daughters. 'Oh, is she [the daughter] going to succeed? Will she manage to have a little boy? Your father will be mad! Imagine!' She makes ironic comments about the baby's father (her son-in-law). It is confirmed that it is a boy. The grandmother's reaction vis-à-vis the mother is impressive. Hugs, cries, shouts . . . 'A boy! Oh, a little boy, a boy! A boy, daughter, oh, how nice, your father will die! He will be so happy! After so many years!!' She hugs the daughter several times and cries filled with emotions. The daughter smiles and wipes her eyes.

The ultrasound setting appears, sometimes, as a facilitator in this transition phase towards parenthood (Clémente, 1985; Racamier, Sens & Carretier, 1961).

During an examination, the father was so enthusiastic about the images that he pushed the doctor's arm in order to highlight the details of the foetus. He said that he disagreed with the idea that the father feels that he is a father only after the child's birth because he already felt he was a father, 'and now that I saw him, a lot more, certainly a lot more!' He occupied the examination space enacting what it was like to be a father.

The presence of fathers

Fathers, like grandmothers, have been portrayed in the literature as part of the support network, both during pregnancy and after the baby's birth. The developmental specificities of becoming a father or a grandmother, and the subjective experience of each, have been neglected.

The fact that the human baby is unfinished when it is born, totally dependent on the environment, needing the mother to adapt to its needs, also creates the need to be loved and cared for, from which we never free ourselves completely. Therefore there is a tendency to idealise motherhood, the mother-foetus relationship, father-baby, grandparent-baby

and their representatives throughout life. We always dream about someone who, in moments of crisis, or of helplessness, will love and protect us. During the examinations, the serene image, imposed by the father's, mother's, grandparents' and siblings' idealisation is de-mystified through the crude and dramatic mixture of emotions involved. The ambivalence, fear, anxiety, impotence, and helplessness frequently bring into question the idealised expectations concerning the father's and the grandmothers' capacity to contain and protect the mother and the foetus, functioning as a support network.

The father, like other relatives, sometimes clearly demonstrates that he cannot bear to be in the examination room; he reacts with intense ambivalence, behaves in an uncontrollable way, beyond any expectation:

When the foetus's female sex was confirmed, the father started to walk around the room speaking loudly, strongly, being aggressive towards the woman. He confronted the doctor, 'Are you sure about this? How can you say that? Based on what?' Even with the genitals' image highlighted he continued to be agitated, not giving credit to what the doctor said and asking for more details and more certainty. He ended up leaving the room, slamming the door and not returning.

The father's narcissistic wish to duplicate his masculinity and potency through the child (Brazelton & Cramer, 1992) explains the father's preference for the male sex which is usually observed in the ultrasound:

When the baby's male sex was confirmed, the baby, who was big, was seen as an extension of the father and as reflecting his potency and masculinity. When the doctor said that the foetus weighed 4 kg, the father, with no criticism, scratched his groin and pulled his trousers, looked at the observer and smiled, proud and satisfied with his baby's size.

On the other hand, one can see the father more present in pregnancy and ultrasound, sometimes describing himself as pregnant, going through a phase of biological and psychic reorganisation. In some cases, one can see a clear identification of the father with the pregnant woman or the foetus:

When the doctor puts the gel on the mother's stomach and starts the examination the father simultaneously raises his shirt and touches his own stomach, saying that when he drinks beer his belly looks like hers. The couple disagrees and in reality the father has a flat, hairy belly whilst hers is round and big. The examination proceeds and the father remains in the same position – half lying on the chair – with the shirt reaching the shoulders, up to the end of the examination. It takes him a long time to get dressed following his wife's ritual (who has to clean the gel and get dressed).

Another father, very moved, disturbed, says that he feels the baby inside his stomach.

Still another father feels worried and breathless. He moves a lot around the room, concerned about the baby's situation: 'It looks as if he can die at any moment, without air.' He behaved like this in the following examinations.

The presence of grandmothers

As far as grandmothers are concerned, one can frequently observe serious conflicts and strong competition with the mothers during the examination. With the daughter's pregnancy, the grandmother has to face her own successes, failures, and expectations and has to accept a secondary role, a task that is sometimes difficult. The secondary role is a function not only of the grandmothers' developmental phase but also of the specific context of a pregnancy: everybody, except the mother-baby dyad, is relegated to a secondary plane. While their children become parents, grandmothers have to deal with

specific developmental crises. Sometimes they have to face illnesses, which bring a greater consciousness of their own death. The life – death duality is once more present, with the baby epitomising life:

During an examination, the grandmother occupies the examination room completely. One can hear her foreign accent, her history, her wishes and her complaints. There is little space for the mother and the baby. There is a subtle, implicit competition between the mother and the grandmother, in which the grandmother assumes a secretly provoking attitude over appearance, clothes, choice of the foetus's sex. The grandmother says that she has a benign lump and that she wishes to be examined by her daughter's doctor. There is great anticipation concerning the foetus's sex, and three examinations were carried out with the aim of getting to know the sex. This information was fundamental. The grandmother's desire for the male sex is like an order which the daughter must attend to. There is an almost physical lack of discrimination between grandmother and mother, mother and baby. The grandmother behaves as if the daughter did not exist. She is nearly eliminated by the grandmother who creates an authoritarian and aggressive atmosphere. It is as if the baby were hers, for her. She steals the daughter's baby or the life inside the pregnant woman.

The presence of siblings

The siblings also have the opportunity of being on a stage in which their personal conflicts may be enacted, not only those concerning their mother and this new being, but also those related to their primitive experiences:

A 3-year-old girl, sitting on her father's lap, looked furiously at the doctor and said: "I hate you! I hate you!" She left the father's lap and when she reached the floor she ran away and her father ran after her.

Another girl, who was 2 years old, would not stop moving around the room. She hid below the chairs, ran, took big plastic keys and sometimes threw them on the floor. When the doctor showed the foetus she threw the keys vigorously in the direction of the doctor who was holding the transducer and who shouted with pain. The girl smiled happily and sat patiently a long time on the aunt's lap showing signs of relief.

Conclusion

Experience in observation of obstetric ultrasound and, in particular, with the analysis of all participants of the baby's family scene, has extended our knowledge of the prenatal life and its close relationship with the environment, and has especially highlighted the helplessness and loneliness inherent in the human condition. These components of human nature, which are present from the intrauterine life until death, may emerge with great intensity at any phase of life, but particularly in moments of transition.

The confirmation of a pregnancy leads to modifications in the constitution of an entire family, bringing important structural changes. The passage to another stage, from child to mother, from child to father, from mother to grandmother, from child to sibling, provokes modifications in each one's psychic structure. A new identity has to be created and new roles are acquired. Primitive experiences emerge more easily to consciousness, making the prenatal period a space for the past to reappear, to be revised and elaborated on, but also a challenge to the psychic structure.

It is for this reason that relatives often behave in a different way from what would be expected. This is especially important in our culture in which the process of becoming

father, mother, sibling, or grandmother is always supposed to be accompanied by pleasant expectations and adequate reactions, and are monitored by feelings of love. These roles are highly valued, idealised and stimulated.

The process of de-idealisation becomes important for it reduces the expectations and idealisation of the functions, and increases the acceptance of limitations from reality. There appears the human being, with its wonders and disillusion, in its crudity.

The contact with helplessness, the unknown, loneliness, dependence, our own crudities, fragilities, fears and uncertainties has a powerful and violent impact. The obstetric ultrasound enables us to get in contact with these ordinary human tendencies.

A possible solution for the feeling of helplessness is the defensive reaction. In the context of obstetric ultrasound we were able to see how the participants become omnipotent, trying to impose their own wishes at that moment, projecting them on the baby. The doctor suffers an emotional impact from the various omnipotent phantasies competing for the baby's space. As he offers a shared interpretation of the images, the doctor may function as a facilitator in the process of becoming a father, mother, sibling or grandmother, helping to organise the installation of ties with the baby. One can even observe a change in the participants throughout the examinations, as they confront their phantasies with the clarified images, a reality translated by the doctor. The image alone, without the doctor's participation, has no value and may even be traumatic.

To put oneself in the parents', the foetus's, the siblings', or the grandmothers' place reduces the impact that the image may cause. This may help the participants identifying with their respective roles and benefit the relationship between the protagonists. It is for this reason that we suggest that this is a new initiation ritual which may help to construct this fundamental phase for the psychic development of this new being.

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Notes

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5. Psychologist, observer of obstetric ultrasound.
6. Psycho-pedagogue, observer of obstetric ultrasound.

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