

**OBSERVING MUTUAL TRANSFORMATIONS WORKING WITH
MOTHERS- INFANTS AND MOTHERS- TODDLERS GROUPS**

Nydia Lisman Pieczanski, MD*

et. col. with the therapists:

Peggy Tilghman, LICSW and Megan Telfair, LPC.

INTRODUCTION

Five years ago, while talking with Peggy Tilghman and Megan Telfair, therapists at the Adele Lebowitz Center for Children, Adolescents at the Washington School of Psychiatry¹, it became clear there was a need in the Washington, DC area for a space to treat new mothers experiencing overwhelming difficulties in relating to their small babies. Since I come from a psychoanalytic tradition where mother/baby and mother/toddler groups are part of the everyday routine in pediatric wards and clinical practice, the three of us began to explore the possibility of starting similar groups here.

In Buenos Aires, Argentina, Arminda Aberastury (1972), a pioneer in South American Child analysis in the second half of the 20th century, introduced the idea that treating mothers with their babies or young toddlers would promote a better understanding of the mothers' relationships with their children. This included a new idea in the work with dyads, that is, both mothers and babies are considered members of the groups and on the same level.

* n.l.pieczanski@gmail.com

¹ *Founded in 1936 by a group led by Harry Stack Sullivan, the Washington School of Psychiatry has a proud history of interdisciplinary teaching and research, training in psychodynamic theory, psychoanalysis, the social and biological sciences, and the study of the contribution of culture to the development of the human mind.*

Dr. Aberastury also thought the co-joint treatment provides the mothers a safer environment for self-exploration of the overwhelming ambivalence often felt towards their babies. She found out, in many cases, that these mothers felt "assaulted" by the presence of a baby in their lives. Motherhood brings up primitive anxieties and loneliness as well as the imposition of a third and the consequent loss of the couple as it existed before the baby's birth. The mourning process for this loss involves understanding, accepting and coping with the loss of the universe of the couple and embracing the happiness and uncertainty of the new, mysterious configuration of a family.

We think mothers and babies groups help mothers link in their minds how the past intrudes in their present and how hard it is for them to create and find the "Mother" inside of themselves. Sharing their experiences and fears in the presence of other mothers, babies and therapists provides an almost perfect setting for working through their difficulties and also sharing their own discoveries.

New mothers have so much to tell but no words for it. We thought that the groups might facilitate the development of a story and the linking of a shattered universe would start shaping itself again. Their previous experiences, when named, would become symbolic.

We began by thinking that any new mother could fit in these groups and the focus would be on the baby, an orientation consistent with our Infant Observation Seminars.

THOUGHTS ABOUT GROUP COMPOSITION

Most of the mothers interviewed had post natal depression, some with intense paranoid anxieties and/or a history of traumatic loss: for instance, the death of a previous baby at 36 weeks into the pregnancy; the death of one twin in uterus at 39 weeks; a personal background of violence, abuse and the loss of a young brother to suicide in the family of origin. In another case the experience of birth became a phantasy of having been split in two after a planned Caesarian section. This mother experienced an intense narcissistic injury of "not producing" the perfect scene during the delivery process and became extremely paranoid with the medical staff that "ruined" her chance to be "normal".

These experiences have been very well described by Marguerite Reid in London UK. She has written extensively on the consequences for a baby when the mother experienced a perinatal loss prior to his/her birth. She describes with brilliance what she calls "the

penumbra baby” and the struggles for both mother and baby to construct a new paradigm. (Conference at the Washington School of Psychiatry 2013). (Unpublished).

Prior to Ms. Reid's writings on the “penumbra baby” these babies born after a perinatal loss were often referred to as “the replacement baby” (Cain, A.C. and Cain, B.S., 1964)

In relation to babies born after a traumatic delivery Marguerite Reid writes: “My definition of ‘traumatic delivery’ is simply when a woman or parental couple feels traumatized by their experience and fearful of a consequent birth. Furthermore they may feel worried that their emotional state will impact on their ability to parent their baby”.

Reid, 2000, 2007 and 2011).

All of the mothers selected for our groups appeared open to trying this new group experience combined, in most cases, with individual therapy.

After three years of working with the mothers and babies in this group we believe their individual treatment combined with this particular type of group treatment made a noticeable difference in the outcomes.

WORKING IN THE GROUP

Using the principles of Infant Observation developed by Esther Bick (1964) at the Tavistock Clinic in London and paying attention to the creation of patterns in the making, we used the psychoanalytic model of looking at the group of mothers and babies as a psychological unit, as well as the context for the exploration of the individual components, in this case each mother and her baby. A similar model is found in “Infant-led innovations in a mother-baby therapy group” by Paul and Thompson-Salo (1997).

The group members, along with the two therapists, acted as mirrors for each other and, at the same time, as projective screens. Sometimes one mother was more challenging to the other mothers, but, on the whole, the possibility of safely acknowledging and exploring their ambivalence towards their maternal role and their disagreements helped all the mothers share their experiences. Over time, their ambivalence and differences gradually became more tolerable.

The group acted as a container detoxifying the indigestible projections among different group members.

The idea of a container is based on Wilfred Bion's (1963) ideas of Containment. Bion's clinical work with psychotic and neurotic patients confirmed Melanie Klein's (1946) own conclusions that projective mechanisms constitute the main defensive system against catastrophic anxieties. These anxieties are the response to a perception of the self as fragmented and containing persecutory objects in a mental apparatus that has yet to develop symbolic function. Bion calls these projected objects and fragments of the self Beta elements. Adding to M. Klein's model of early infant/mother interaction, Bion postulated a specific maternal function related to the containment and modification of these early projections. He named this function Alpha function. Good maternal functioning consists of being receptive to the baby's projections, taking in the projections to modify them and then giving back a "digested" version to their babies. Eventually babies introject and detoxify themselves. This happens once babies introject the Alpha function. This is what Bion called maternal containing function. We believe that part of the work the therapists do in our group is to act as good containers for the mothers' projections. The group as a whole also seemed to develop a containing function. Some mothers were better equipped for this type of work and were truly transformed, while others seemed to hold very tightly to old mechanisms of impasse and denial of their truth.

TRANSFORMATIONS

Vignette One: "Baby to Baby and the gaze of the Mother"

During a session, a mother was complaining to the group that her daughter, just under a year old, would not eat solid foods. The conversation was prompted because another mother had given her son of roughly the same age a little bowl of cheerios that he was slowly but happily eating.

Julia: It is just strange because my son did not go through this, but Dahlia will not chew things, even Cheerios. She will eat almost anything that is liquefied, pureed, ground up but nothing solid.

Kate: It must be a pain sometimes. What will she eat?

Julia: That's the thing, I refuse to make her something separate so I puree up what we are eating if possible and she mostly seems to like the flavors. Her taste is more adventurous than her brother's but she just refuses to take anything solid. She just gags.

Kate: Do you think she doesn't know how to chew? I remember when Timmy was first taking solids; he just didn't seem to know what to do at first.

Julia: Possibly, but Dahlia has all three of us to watch at the table. Honestly I think it is because she doesn't want to. Like she wants me to have to feed her and prepare something special for her, and get more attention.

As the moms were engrossed during this conversation, the babies were sitting near each other on the mats, between their mothers. Timmy was slowly eating his Cheerios and playing with a couple of toys, only paying slight attention to Dahlia. Dahlia, on the other hand, was engrossed, watching Timmy intently. She sat very still for a couple minutes as she watched him, and then suddenly began to crawl very determinedly towards Timmy. She crawled over next to him, sat down and continued to watch. The moms had noticed Dahlia crawling and watched her as they talked, but soon were engrossed again in their conversation. Timmy was not yet an expert at eating solids so a small number of Cheerios had dropped to the ground and were lying around him on the mats as he slowly chewed. He would make half-hearted attempts to pick them up, but mostly ignored the snacks out of reach. Dahlia continued to watch, then rocked forward and grabbed a Cheerio, staring at it for a moment. She then stuck it in her mouth as if she had finally made a decision. Dahlia slowly, and quite proficiently, chewed.

Therapist: While we are talking Dahlia seems to be telling us all something very important. I think Dahlia is saying she can eat cheerios!

Julia: What? She did? She does not know how!!

Dahlia looked up at her Mom, smiled, and stuck another Cheerio in her mouth.

There was a moment of shocked silence, and then laughter from the whole group.

Julia: Well, there you go. You proved me wrong. Wow, Timmy, you must be quite an influence! You changed something in her! But also in me.

Thanks.

Julia's very traumatic life included an idealized identical twin sister who died when they were 16 years old. In her grief, Julia's mother stopped speaking to or looking at Julia who reminded her too identically of the daughter who had died. So Julia lost the sister she had known from the uterus, as well as her mother who was unable to "see" her as an

individual separate from the daughter who died - the identical looks too painful a reminder of the loss.

With her first pregnancy Julia had an untreated post natal depression she felt "incompetent" as a mother and coped by returning to work 80 hours per week, much of it spent traveling. A year later, consumed with guilt, she decided to be a stay at home mom and take care of her son. During her second pregnancy with her daughter Dahlia she started therapy as she feared the return of the severe postnatal depression. Referred by her psychiatrist to our group, we observed that Julia had difficulty seeing her daughter as a separate person and not "her twin." We felt that Dahlia's desire for individuation was a threat to their twin ship. The therapists believe that during the above session Julia was able to productively stop seeing her daughter as manipulative and to begin seeing Dahlia as separate and willing to learn from others. The transformations occur between babies as well as with their respective mothers.

Vignette Two: "Mothers to Mothers. The impact on the therapists"

The life experiences of each mother made an impact on the other members of the group. During a session about two years into the treatment, the therapists became very concerned when Julia, the mother from the previous vignette, announced her pregnancy with twins. One mom in the group had given birth to twins but, tragically, one baby was stillborn at 39 weeks. Another mom in this group had delivered a stillborn baby a year before she successfully gave birth to her second son. Death and the excruciating pain associated with these losses were very present for the moms and the therapists. I remember during a supervision hour the clinicians, and collaborators of this paper, told me that this news presented the "dangerous" reality of reigniting in the group the memory of all these perinatal losses. The clinicians also worried about how all these memories might affect Julia's pregnancy. Julia had been making great progress in the group and we now wondered about the impact of the pregnancy with twins on her.

Given the history of Julia and some of the other mothers in the group, the moms and therapists felt threatened. It was difficult for the therapists, but they waited, as Bion would say, "without memory and without desire" trying only to see what was in front of them - the relationship between Julia and her pregnancy as well as the other mothers' reactions and associations to their own losses. Issues of intense envy, fear for Julia's future as well as uncertainty about their own, were manifest in the group. Preoccupation with Julia

increased when Julia had to be kept on bed rest for the last two months of the pregnancy. While physically absent from the group she was nonetheless very much present in the sessions. Her absence was sometimes experienced as a bad presence, but on the whole, she was held in mothers' minds with uncertainty and good wishes.

During her first visit to the group after giving birth, Julia surprised the group by bringing the six weeks old twins to a session and leaving Dahlia at home with a baby sitter.

She walked in the door with her babies on her chest in a sling, the colorful fabric wrapped in such a way that each twin rested in his own pocket, separated like two different uterine sacs by a swath of cloth. Both babies slept soundly and the girl rested her forehead on her brother's face sucking gently on his cheek. She sat on the floor and unwrapped the twins, laying them on the mat in front of her. The girl began fussing immediately while the boy stretched and woke more gradually and quietly. Julia pat her daughter and began talking in a gentle voice wondering if she was still sleepy or perhaps hungry. She decided she was probably hungry and got out a bottle. She cradled the baby in her right arm and began to feed her. The brother started fussing now and the group looked on as Julie talked to him and pats him with her free hand. The other Moms asked Julia how it felt to have four children under the age of five, three of them under the age of two. Julia finished feeding her daughter and put her with gentle movements back on the mat while now holding her baby brother. Julia started feeding the boy and her daughter started crying. Julia picked her up, deftly cradling both babies. Her relaxed handling of the twins and their complicated logistics signaled a profound change in this mom. She was practically glowing. When she said: "I feel good about being a mom now", the group talked about the hard work she had done in the group, transforming herself in the process. Julia commented on their temperaments, stating that she noticed how different they were even while in her uterus.

The other mothers sat in rapt attention watching this remarkable woman juggle her twins as we, the therapists, felt keenly that her presence had a transformational effect on us..

The entire group was deeply affected by Julia's return, and the therapists saw a range of emotional reactions. Some moms felt almost intolerable envy at the sight of a mom so competent and happy. But this envy was mixed with a communal recovery of hope: witnessing Julia's movement from deep depression to contentment reignited hope for their own recovery. While Julia's struggles continue, she remains a consistent and

Controversy in Children and Adolescent Psychoanalysis

Year 2013, N° 12

important group member whose personal transformation truly contributed to transforming the group as a whole.

Here is another vignette example of the profound effect each mother has upon the other moms, and their awareness of the impact the group has had on them.

Vignette Three: "A Mother discovers her transformation through the work in the group."

Karen, Denise, and Ann have been in the group now for over 2 years. Two of these moms suffered the loss of a stillborn child. The third suffered from postpartum depression, undiagnosed for the first 8 months following the birth of her first child. Over their time together, they shared the ups and downs related to their individual struggles.

With all three group members present the moms settled in and talked about their past week.

Karen: there is a family at our synagogue who recently lost a child to cancer. The daughter was about to turn 5 and had been very sick. I don't know the family very well, but after hearing about her passing I felt I needed to do something but didn't know what.

Ann: Wow, how horrible. She was so young.

Denise: Yes, I can't imagine what that would be like. Not that one kind of death is worse than another but...

Karen: Yeah, it is awful. This past weekend my son and their second child, a boy the same age, were at the same birthday party. Now, I don't know them well, but I know who they are and I recognized them across the room. And while I was figuring out whether I should go and say something, I realized that most of the other people were either not talking to them at all or were not acknowledging their daughter's death. But then I thought of you two, and all the awkward situations and times you had wished people had just said something rather than be quiet. So I went and talked to them and told them I was sorry for their loss and I had been thinking of them a lot. I was so direct and honest and they told me how much they appreciated the fact that I came to talk to them. (Tears come to her eyes) I did this because I know you two.

Ann: I am just so impressed that you did that. I know how hard it is to go up to people, especially about this.

(Silence)

Therapist: I think you are discovering how this group and the work you have been doing together helped you to recover hope and also learn from each other.

Vignette Four: "The penumbra baby coming out from the false self"

Ann's first pregnancy ended at 36 weeks when her baby was inexplicably stillborn and Ann blamed herself. Motivated in part by her age, she quickly became pregnant again. Ann's second son, Andy, was also born spontaneously at 36 weeks but the doctors, prepared for this possibility, delivered a healthy baby. Within the first week of Andy's life, Ann had a disturbing urge to bash his head. As an adjunct to her individual treatment, Ann's therapist referred her to our mothers and babies group and she started when Andy was 10 days old. The therapists would provide additional sets of eyes for watching over and protecting Andy and supporting Ann who was ashamed and extremely vulnerable.

In early group sessions, the therapists noticed the awkward way Ann held her son while nursing. There seemed a separation, a literal and figurative space between her and Andy. Imagining Andy trying to find a place in his mother's mind, the focus with Ann was to enhance her capacity to understand her baby and herself while helping her create an internal space for this living, breathing son.

Ann's mourning process for her dead baby was complicated. With little time to mourn the loss, there seemed to be confusion between the living and dead babies in her mind. Ann's work included exploring her history of addiction and anorexia when she was younger, as well as her phantasies of having something bad inside her that murdered her stillborn son. Andy seemed to be a constant reminder of her guilt.

In the first few months, Andy presented himself generally as flat and somewhat unresponsive. If Ann held him she did so awkwardly and, as the months went by, the baby seemed afraid to come alive, lying very still as if hoping to go unnoticed.

"One day in a session when Andy was 7 months old, Ann sat on the floor and settled him in front of her on his back. He looked around slowly, moving his arms and legs, and then his eyes settled on his mother's face. She began tearfully talking about her dead son, appearing careful not to mention his name, and the therapists watched as Andy's arms and

legs stopped moving and dropped to the floor, his face devoid of all expression. He lay on his back completely and utterly still as his mother described her longing for the son she would never know and her continued rage about his death. Glancing at the clock, we were aware of the improbability that a 7 month old baby could hold so perfectly still that the only *discernible* movement was the blinking of his eyes. The powerful image that came to mind was of a dog playing dead to avoid getting hurt.

Since this moment, Ann has shown considerable growth. She has been able to separate her two sons within her mind and is in the process of resolving the pathological mourning process that had consumed her. She is able "to see" the living child in front of her and how he has fully come alive. Andy is now a lively three year old that is actively engaged with his mother as well as the other members of the group.

In Winnicott's (1965) developmental schema he describes babies who develop what he calls a "false self". He relates this development to repeated environmental failure. One type of false self has the quality of a baby or young child adapting, in the case of a depressed mother, by becoming extremely submissive and in some way a "very good baby" – no demands, no fussiness. In many cases this false self allows the mother to recover and leave space for the baby to restart, showing his hidden, and true self. When Ann began to emerge from her depression, then Andy was free to become an ordinary, lively child. Andy served as a witness to Ann's delusional pathological mourning process but also as a reflection of her incredible recovery.

Vignette Five: "Working through trauma and finding a new path in Motherhood"

Living on a family compound in Alaska both geographically and emotionally separated from other people, Susan was a truly abused child from very early on in life. Physically and sexually traumatized, she managed to escape her fate at the age of 14 when she ran away from her family. Going from shelter to shelter, her survival skills and desire to live lead her to graduate from high school and eventually go to college. She married a lovely man that was clearly supportive and loving.

She was saving money for her younger brother to escape their abusive family but two weeks before she had saved enough money for him, the adolescent boy killed himself.

She always felt intense guilt associated with her brother's suicide. In her own words: "I will never be able to pay off his loss".

As a young married woman with an infant daughter, Susan came to our group somewhat ambivalent about working through her past experiences and not convinced that her childhood trauma still influenced her. The therapists came to see that there was a strong bond between Susan and her daughter Rose. Susan had a big distrust of the world and she would not allow anyone to care for her daughter, including her husband. Susan developed the delusional belief that only her constant surveillance would ensure Rose's safety. Over time as she attended the group sessions with her daughter, Susan began to disclose the story of her life and became more aware of how her past affected her parenting. Due to her abusive family, Susan had no viable template from which to develop her own mothering style and was clearly struggling to move beyond her fears.

"Susan had been talking to the group about financial pressures and the ambivalence about having to get a part-time job. Because of her fears of allowing others to care for her daughter, she would only consider the option of taking on another baby as a nanny. Eventually, she was able to find a family who had a son around Rose's age and she cared for him and Rose 3 days a week.

Susan shared with the group that her daughter, Rose, was not a good sleeper, and would wake up frequently in the night. Susan said she believed Rose was not eating enough because she demanded bottles several times at night, in spite of the solids and bottles she got during the day. We worked with Susan to allow Rose to fall asleep on her own and not immediately respond to Rose's cries, but Susan admitted she had a hard time staying away and often ended up sleeping on the floor in her daughter's room. As the nanny job start date neared, Susan became increasingly anxious, worrying about her daughter's reaction, afraid that Rose would not be able to handle the additional child. Susan had had to miss a couple weeks, and when we next saw her she had already been working for 3 weeks. Another Mom, Eva, and her daughter Zadie were also present at the group. Both girls were about 9 months old.

Therapist: Well, Susan, we all seem to be waiting to hear some news from you. What about your new job?

Susan: It is really good actually. The little boy is very sweet and I like the family, and Rose really seems to like him as well and plays with him. It is surprising.

Eva: you were so worried about how Rose would feel. You said that she was so clingy and you worried that you wouldn't be able to give him any attention.

Susan: I know. I was so worried. But she was immediately fine with him. And is it weird to say that I think she is happier somehow. You won't believe it but she is sleeping through the night now.

Therapist: I think that you can't believe this.

Susan: I know! Plus she doesn't demand a bottle in the middle of the night. I don't get it. Actually I think she slept through the night at the end of that first week with the other baby, and has consistently since then. It made me think of how you guys point out that I always assume the worst.

Therapist: How do you feel seeing her so happy?

Susan: Of course I am happy that she is doing so well, though it is a little sad that she is more independent too. (Pause) But, mostly I am relieved because now it means that I actually could sleep, even though I don't.

Eva: You don't sleep? What are you doing?

Susan: You see, it is so weird to have her sleep that I just couldn't fall asleep myself. I kept having visions of her getting tangled in her blanket and suffocating. Or of someone sneaking in while I was asleep. I know it is not rational, but I worry. This used to happen to me as a young girl.

Therapist: I think that you are telling us how important it is for you to get in touch with your fears and anxieties. You seem to be experiencing some separateness between Rose and yourself. Rose is not Susan any more. Rose seems to be transforming you.

Susan: Yes, she is and I want her to. I don't want for her to be so afraid of the world. I don't want her to expect the worst out of everyone like I did and I still do. I do want her to be a little cautious, but I just don't know how! My family did not prepare me for this – or anything really!"

As Susan became more aware that she and Rose were different people with different experiences, she was able to write a new script of her life that would help her feel separate and differentiated from her daughter. The group acted as a witness as she developed her own ideas of who she wanted to be as a mother, rather than merely trying to be different from her own family. Sharing her transgenerational traumatic history with the group helped her gain insight into acquiring a mind of her own and mourn the longing for a different reality that would never be. Creating a new reality with her new family would help to heal the past, but never erase it entirely. We feel strongly that the group became a detoxifying agent and a source for building the capacity for symbolic thought.

FINAL COMMENTS

This paper is about transformation in a mother and baby group - transformation between babies, between mothers and between mothers and babies. But we must also mention the profound transformation in the minds of the therapists and even in the mind of the group supervisor, the author of this paper. A very primitive state of mind prevailed in one way or another in all group sessions and had an impact on every individual involved. Projections of such primitive anxieties triggered intense countertransference reactions in both therapists that needed to be acknowledged, explored and worked through in order to return a digested version that could be thought about in order to process the material.

Mothers came to these groups with the dream of becoming a "normal mom" as several members told us. The presence of minds open to them, that could follow their path in motherhood in an uncritical but understanding and actively responsive way, seemed to change their States of Mind (Waddell, 1998) once full of fear, paranoia and intensive projective identification to States of Mind that allowed the moms to get closer to their own truth with tolerance for psychic pain and the recovery of hope and gratitude.

References

- Aberastury, A. (1972) *El Psicoanálisis de Niños y sus Aplicaciones*. Buenos Aires, Argentina: Editorial Paidós.
- Bick, E. (1964) 'Notes of infant observation in psychoanalytic training'. *International Journal of Psychoanalysis*, 45(558-66).
- Bion, W. (1963) *Elements of Psychoanalysis*. London: Heinemann.
- Bion, W. (1967) *Psychoanalytic Forum*, vol. 2, no. 3.
- Cain, A.C. and Cain, B.C. (1964) "On replacing a child" *Journal of the American Academy of Child Psychiatry*, 3 (1964): 443-56
- Klein, M. (1946) 'Notes on some schizoid mechanisms'. *International Journal of Psychoanalysis*, 27(99-110).
- Paul, C. and Thompson-Salo, F. (1997) 'Infant-led innovations in a mother-baby therapy group'. *Journal of Child Psychotherapy* (23)219-244.
- Reid, M. (unpublished paper) "The impact of traumatic delivery on the mother-infant relationship" Conference at Washington School of Psychiatry, 2013.
- Reid, M. on: *Infant observation and research: emotional processes in everyday lives*", (2012) (Edited by Cathy Urwin, Janine Sternberg). Routledge, Chapter 12.
- Waddell, M. (1998) 'Inside lives. 'Psychoanalysis and the growth of the personality''. *Tavistock Clinic Series*: chapter 1.
- Winnicott, D. (1965) 'Ego distortion in terms of true and false self'. In *The Maturation Processes and Facilitating Environment: Studies in the Theory of Emotional Development*. New York: International UP Inc. (140-152)