

BABIES ON THE COUCH WORKING ANALYTICALLY
WITH MOTHER-INFANT DYADS

A Summarized Report
by
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The Vulnerable Child Discussion Group
Chair: Theodore B. Cohen, MD
Co-chair, Coordinator and Reporter: M. Hossein Etezady, MD

Presenter: Jennifer Bonovitz, PhD
Discussant: Susan Sherkow, MD.

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In his introductory comments Dr. Cohen noted that this is the 37th year of research studies presented at the meetings of ACP, by The Vulnerable Child workshop.

Dr. Bonovitz described the analytic treatment of seven women who became pregnant and had their babies during the course of their analytic treatment. She noted that women with histories of childhood trauma are burdened in their adult life by insecure attachment patterns. They easily re-experience fear and utilize trauma driven defensive behaviors to cope with hyperarousal and painful affect in situations which resonate with the original trauma. When these women become mothers the implicit traumatic memories and associated affects may be triggered by their infants' cries of distress. If the women have defensively avoided intimacy, the exquisitely intimate relationship of mothering may be extraordinarily stressful. Dr. Bonovitz presented data on mothers' attachment patterns, the nature of their childhood trauma and factors found helpful in effecting change during this 15 year study. Observations on early defensive patterns of the infants can be instructive. Mothers in this study had all experienced significant early trauma resulting in stable defensive organizations of an insecure nature. Unresolved, dismissive or disorganized patterns interfered with mothers' internal representation of their infants as well as their sense of self as a separate but related and dependable object. Their reflective capacity was compromised and they were unable to adequately regulate their own affective life as they remained in a dis-regulated state. It was surprising how easily dysregulated states were triggered by the infant's normal attachment seeking behaviors which further distressed the mother and in turn became frightening to the infant which resulted in a dysregulated dyad. These mothers were relatively older when they had their babies and had married later, at least in part due to their insecure attachment.

Eileen's mother was in analysis for 13 years. She married after the second year and had Eileen 4 years after her treatment started. She did fairly well with the baby as long as the analyst was available to help her with her own affect regulation. A number of the mothers continue to be seen periodically after the official termination of their analyses and at times have the children, now ranging in age from 13 to 6, with them. One mother's fear was that her fetus would cause her uterus to rupture. It was learned later in her analysis that at age two she had witnessed her mother bleeding during a miscarriage. Another woman with a disorganized pattern of attachment was abused by her father who had been her caregiver early on but disappeared from her life at age five. Her diagnosis was borderline personality disorder, her attachment type was disorganized and she was unresolved with respect to her original trauma.

Anne was in analysis for 12 years and continues to be in psychotherapy off and on. She underwent surgery and was immobilized for about a year before age two and lost her grand parents, who were her primary care givers, at 2.5 years of age. She needed additional surgical operations in her adolescence and many times she expected to die. She was very fearful of child birth and was extremely anxious. Her diagnosis was narcissistic personality disorder. Lee's mother was very neglectful and had a very negative relationship with her own mother. She had been displaced by a younger sister. She told

neighbors complaining about her leaving the baby crying all night that this would teach the baby not to cry.

One woman's mother suffered from post partum depression and her father left shortly after as he could not cope with his wife's depression. She was very anxious and experienced many gastrointestinal symptoms. She was unable to stay in relationship with men and feared abandonment by her mother.

In this population what seemed to be most helpful was the analyst's affective responsiveness and what changed in the course of the treatment was the perception and response to the reactions of others. They became more accepting of the fact that the analyst could not be the mother that they wished they could have.

In her discussion Dr. Sherkow elaborated on the multidimensional process of the formation of internal representations out of the multitude of interactions with the mother and the early environment. Our knowledge is rapidly increasing about how the mother's affective and fantasy life can influence mental representation and brain development even during intrauterine period. In addition to the manifest aspects of attachment patterns we need to account for the unconscious elements in formation of mental representations and intergenerational transmission in normality as well as in pathology. She referred to her own research in this area involving children with eating disorders, autistic children and normal children in play. We have to account for the effects of the mother's mind on the baby's development which is not easy to isolate from the attributes that the baby presents independently, as the nature-nurture dilemma persists. Even if it were possible to identify minutely subtle influences of small elements at any given instance, the task of determining the accumulative effect of these events over time is an entirely different matter.

Children with different dispositions require different kinds of response from the mother and mothers with different preferences do better with children with particular dispositions. Disregulated mothers are unable to respond to the baby's needs for soothing in an effective manner. We as yet do not know how to reliably predict what constellation of early experiences and what forms of mother-infant relationship will lead to what kind of outcome. Some children with depressed mothers have turned up to be unusually empathic in caring for their own children. In normal development language takes on all the qualities of mental representation. The mother's ability to reflect the child's experience is based on her empathic capacity and the more empathic the better she is able to regulate the baby's internal states.

Dr. Cohen described this material as unique and a significant step in a new direction. Dr. Etezady regarded the proceedings as an impressive convergence of many theoretical perspectives and described Dr. Bonovitz's data as an invaluable beginning for future investigations.