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Case Report

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Preserving the Flame in the Mental Life of Premature Babies

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Abstract

The aim of this article is to emphasize the necessity to protect the early psyche in premature newborns, separated from their mothers since birth. These babies survived and stayed alive thanks to a "complex life saver incubator", handled by a professional team. We will present clinical vignettes that show some of the delicate mental mechanisms that are observable, and the emotional intensity that these babies are able to proyect in the observer. We will show how early deprivation of a maternal object can affect the incipient mind of a child. In January 2017 it started a one year experience using the Esther Bick's Observational method in a multi professional team in a neonatology Unit. This team takes care of the babies and the idea is to help them internalize an emotional model in order to contain and work through the intense emotions that are awaken while taking care of the babies, without acting or be overwhelmed. This experience will open a road through which we are going to be able to hold alive the flame of the mental life in these little patients, as well build a road to widen clinical research in this field.

Keywords: Premature Newborn, Early Psyche, Baby Observation, Emotional Containment.

Content

I have been part of the staff of a Neonatology Service in Santiago, Chile, as a psychoanalyst -psychiatrist, for more than ten years. In the last years I have been working deeply concentrated on the Intense Care Unit, because of the importance of the first period of life which is fundamental for the human being´s mental development. It is known, that the closed relationship between mother and son is deadly hurt, when a pregnancy is interrupted. The infant is invaded with a primary terror, a mental state of disintegration and chaos (Bi on). To survive, he stays in an incubator, living in a complete different environment, with gravity, too much light and noise, without the closeness to the mother. On the other hand, the mother has not been complete her natural psychological preparation and cannot be close to him, either. Despite the premature baby receives an excellent and complex medical assistance, he is emotionally isolated. He or she has lack of affection from a thinking person, who would be close to him, to calm his anxieties and transform them into something thinkable for the baby. If there is nobody to contain the baby and make him understand what he is living at this Unit; there will be spots of disconnections. Not elaborated primary experiences can remain in the baby´s mind and produce difficulties in the future.

I will tell now, about Isadora's case being near to death, an experience that has been for me, difficult to forget. She was born at the 28th week of pregnancy. At that moment, she was two months old, weighted 1k.and a half and was still maintained in an incubator. She had suffered several pulmonary complications. In the morning medical visit, while all the NICU team by Isadora, she suffered from a cardiac arrest. An expert neonatologist diagnosed a pericardial effusion. After this was confirmed, the team move efficiently and quickly to do a pericardial puncture. The girl was changed to a better position to perform the procedure. The doctor procedure was precise and removed the liquid; the heart started again. It produced a general relief. It was an evidence of the No´s high level. The baby came back to her former position the incubator was closed. Then, the team passed to the next baby.

This experience moved me deeply. I felt I could not think in another case. I was concerned about this little girl´s feeling. Nevertheless, those were for me impossible to imagine. Her aspect was of extreme passivity, and paleness. I came close to her and observed her for a while, I didn´t know how to help her. After a while, words began to flow out of me and I talked to her, slowly, what had happened. I did not perceive any answer, she looked distant, isolated; it seemed to me as everything became frightening for her. I thought how the fear of dying was briefly, real death. Y felt pain, may be receiving her pain. Then I was invaded by a sense of being useless. I thought that her defensive withdrawal from the external world was the answer for her to be near to death and a painful experience that brought her back to life. She was assisted perfectly, but nothing was done to contain her or to calm the pain of the puncture. This experience remains in my mind and has been one of my motivations to contribute to change the approach to premature newborns.

In these precarious states of non-mentalintegration, the infant could feel like a "gel shedding in an endless space". (Bick). In such a situation, the baby can cling to himself contracting his muscles and not moving, trying to be auto contained by himself, like Isidorahas done. It also can be the opposite, that the movements give the feeling

of containment. This was observed in another very anxious baby, who moved her arms and legs for a long time, till she went asleep.

The newborn is not able to symbolize, to create a mother´s internal representation. This requires time, precisely with closeness to the mother´s mind, who thinks for him, and permits him to be identified with her and keep her in his mind. Throughout his life, he will conserve this internal representation of a thinking loving and protecting mother that he can remember in his mind.

Several authors tell us that working with premature babies produces strong feelings to the ones who are taking care of them. These infants are in danger of dying, and this means a high responsibility. Due to the inevitable invasive procedures that keep them alive, the personnel can provoke pain, and comfortless to the babies. This can provoke anxiety, guilt feelings, that need to be repressed, to feel free to do the job. Sometimes, those who are in charge of babies could have feelings coming out somatically, like headaches, tiredness and many other ones.

My interest is to give visibility, space and time to the delicate mental expressions of the premature infants, that could let us know about their feelings, especially their suffering; and also, to pay attention to the emotions of the personnel that take care of them. To help them in this work, a formatting program was created to protect the initial psychic development of the infants.

Bick´s Infant Observation has been considered as a valuable, proved and formative experience for mental health workers. Observing a baby helps to be emotionally closed, and at the same time contained. It helps not to negate the strong feelings that can emerge from the babies, and not to act hem.

With Bick´s method you observe a baby with his mother, for one hour, once a week at home. After the observation, the experience must be written with details; this helps to clear the emotions. The notes are read at a seminar group for the observers, directed by an experienced psychoanalyst. There, the emotions can be expressed, be thought and find some meaning.

The classic observation takes the first year of the baby´s life of a sound family. This experience is highly formative and produces changes that can remain, such as being able to have closeness with baby and mother, and at the same time contain the feelings, without acting them. We think that the observer "becomes into a different person", through the in teriorizations of new mental functions and knowledge.

We have decided to have the first experience with the psycho-social team of the Neo, who are more familiar with the subject, but we have also invited to professionals from the Neo, who could be interested.

A psychologist did the classic Bick baby observation, along 14 months, with a baby born in time, from a family resident at the neighborhood. A psychiatrist and a male midwife observed a premature baby at the Intensive Care Unit, during his or her hospitalization. All the psychosocial team was part of the seminar group.

We initiated the experience in December 2016. The first meeting was used to explain about the experience, and some of the topics caused surprise. The form of observing, with the indication that they should not answer to demands, was against the role they usually exert at work. That means, you should not have active therapeutics answers. They thought this was almost impossible to be done. To be one hour just observing a baby, where everything is activity, could be "not working", and bad evaluated by the rest of the team.

The one-year observation was an interesting educational experience about the emotional development of a girl with her family. The intensity of the emotions rarely acquiresthe dimensions of the ones observed at the Unit. To illustrate about the experience, I will present vignettes of two cases.

1st case

Leon was born with 29 weeks (7 months and a week.) He was observed weekly by S. the psychiatrist that coordinates the psychosocial team. Leon´s parents were visiting him frequently

Three days after birth, S. writes: "**Leon is at the NICU, he is making soft movements. He has a high frequency ventilator; all his face is covered with medical material, a catheter is plugged to a leg, and has several sensors. The abdomen does not move with respiration, it has another rhythm. Respiration is asymmetrical. The body´s movements impressed me "as being spilled". It is a perturb bating vision that strongly impacts me.**"

At that moment, the observer could not contain a sob. She recovered and told us that she did not sob there, but that, she needed to cry for a while, when she came home. The answer of sobbing shows us that she permits herself being impacted by the baby. The group also gets impacted and shares the feelings of the observer. This has a containment effect for her.

It is commented that the oscillatory high frequency condition is what is keeping the baby alive. We could try to imagine how it could be to be in permanent danger of dying. I think, for the baby, the ventilator is an intense stimulation situation that invades his physic and mental functioning, as can be seen in the asymmetrical respiration described before. S. expression of "a body being spilled" permits the group to consider this imaginative conjuncture, as Bi on claims, as the representation of a disintegrated mental apparatus, due to the lack of contention. It is a working hypothesis, a model, not a theory.

Leon two months old S:" **When I come in, the parents are with him. The father holds his feet and moves them softly, separating, and bringing them together. Soon they leave. The baby moves the feet the same way his father has moved them. He looks asleep, with movements of the eye lids that make me think on REM sleep. He looks relaxed. I move my hands and involuntary sway, like Leon´s feet. For the first time Leon open his eyes. It seems to have a wellbeing feeling, nonetheless I remember the pain that he may feel; the time seems going slowly to me**"

We could think Leon has been able to incorporate, in his evolving mind, representations from the father. When he moves the feet, he may be remembering; he has the memory of an experience with the father that pleased him, and he can experience it. We think that the wellbeing can be due also to be contained by S. that keeps the pain. This bring him to open his eyes, he may be interested in seeing who is there connecting with the world.

We can see that Leon´s mental life is preserved, he has the possibility of projecting painful feelings to adults, who can elaborate them, and he receives back a peaceful company.

2nd case

Pedro was born with 27 weeks, from a twin's pregnancy. He was observed for the first time when he was two weeks old. The observer was a male midwife, L.

L. wrote:" **A while before the time of my first observation, I felt a vertigo syndrome. You cannot imagine how this experience of observation can be. At first it was strange for me. That day, I was on duty. It was a terrible day, with many serious patients. At the end of my shift, it was difficult for me to relax, before the observation. There were personnel giving instructions and laughing around me. It was hard to concentrate on the observation. The baby was peaceful, he did not move. He was connected to artificial respiration. I thought it was strange that the boy did not moved. Thereafter I realize that he could hardly move due to the equipment. The monitors were stable. I felt a pleasant work atmosphere until the moment that the chief midwife announced the parent´s visits suspension. Ten minutes had passed. There was a very complicated newborn at that moment. I felt surprised that I was waiting for Leon´s parents. I felt anxiety and had the phantasy that it was like when a prison inmate is waiting for visitors and they do not come. I felt compassion for Pedro, pity and a wish to embrace and con taint him. He was so calmed, and the parents did not come in. A nurse came to take care of Pedro. She treated him efficiently, but mechanically. The baby did not express anything it seemed to be "well behaved". Today he does not move. A midwife came to check him, during the attention she seemed to be thinking in another baby and gave indications in loud voice to him. A while after the observation ended.**

In the seminar group we could realize how difficult it can be to get in the role of an observer. You can be invaded by emotions that we usually prefer avoiding them. In this case feelings were expressed somatically with the vertigo. L. told us that he had never sat near a baby trying to perceive the babies feelings. The group confirms that none of them has done it. This could be bad evaluated, as "not working", but they thought that it was due to their technical approach to work.

After a while of the observation, L. lets himself be impacted by Pedro and gets strongly identified with him. With the parent´s prohibition to enter, he felt like being in prison and this seemed to him as a punishment.

L. comments that the baby was not asleep, but completely indifferent. He sees Pedro as being in a throne, powerful. The group thought, that it could be a baby´s mental defense for self-containment.

We can think that L. has experienced a change. He can transmit us vividly his intense emotions and the phantasies that can represent them; they can have a space in his mind for elaboration, and they don´t need to be somatized.

By the year, both observers were able to continue being impacted with the emotions of the premature babies; they could contain and elaborate them with the help of to the seminar group. I think that the way of handling emotions has changed.

This year, 2018, we continue with the observation of premature babies in the Intensive Care Unit.

Conclusions and perspectives

The Bick´s Observation method, used with the psycho- social team of the Neonatal Service, has permitted important changes in the way they were expected. After an initial surprise, and some fear, they could express emotions and think about them; they could talk freely how they could imagine the feelings of a child. The writings about the experience became more detailed, with more richness. The period of one hour, first thought as impossible, was gradually to lerated. It is interesting to point out, that this group has not had a special training on psychoanalysis.

This experience has permitted to sensitize some midwives, doctors and nurses, who were interested to know more about "observing" and how this could change their perception of our little patients and their mothers. This motivation could permit us to extend this experience progressively to all the Neo´s personnel. in a way that the emotions could be handled in a better way. This could bring a more integrated attention to babies, caring for their minds.

We see for the future, the need to plan a clinical research in order to evaluate the favorable results that can be obtained on the babies' evolution. Among other indicators, may be a diminished hospitalization time, an impact in the parents' daily visiting schedule, less medical complications and so on.

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