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Service Cerco Asilo : a therapeutic nursery to support parenthood in infancy and early childhood

from the practice of caregiving some insights for the parent-infant psychoanalytic therapy

In this paper I will present a psychoanalytically oriented intervention model- developed in the Out-patients Service "Cerco Asilo". A brief review of the theoretical assumptions will be provided with a clinical vignette to exemplify some aspects of the technique.

"Gabriel is 36 months old when his father anxiously and insistently calls our outpatient service "Cerco Asilo" to refer him for feeding problems . On the phone he tells us "since the age of 5 months, at the time of the first attempts at weaning, Gabriel has never tolerated the introduction of different texitures, he has always spat and refused the introduction of the spoon " The father says that Gabriel's rejection has become more and more serious as time passed feeding time has become over the years a grueling battle; both parents are obviously worried because they fear a nutritional deficiency in their child's growth . Actually Gabriele is fed with mashes of milk, homogenized meat, fruit, biscuits and sometimes eggs that he drinks from the bottle; the problem ***arises*** *when he must use the spoon or try new textures .*

Just before the day of the consultation, the father emails the staff a "video" of Gabriele's feeding . In the video we see a very tall child , totally disproportionate to the highchair that contains him , with a big bib around his neck and - his face completely smeared with homogenized meat; his posture is arched backwards, his refusal of food is expressed by shaking his head, while his arms and hands seem to hang along his trunk . The mother, who is feeding him , is not framed in the video. The aim of the father is to provide an objective view of the problem : Gabriel's refusal to be fed!

However, as Winnicott says " there is no such thing as a baby"

"The phantom between theories and models" The "fantasies"/representation/ images that mother and father have regarding their baby are considered a core dimension of parent-child relationship, that need to be accurately explored in the process of consultation, in order to be integrated with the other data of clinical observation. According to the model of the parent-baby joint therapies developed by Palacio Espasa, what the parents say during the session, their comments or concerns, identifications ,associations, suggestions, interpretations of child's behavior, represent the thread of the consultation, or the port of entry in the system (Stern 1997) In the therapeutic process these representations will be connected to parents' vicissitudes: the micro / macro –trauma of their childhood history, grief, loss, anaclitic experiences will be worked out by the therapist in order: 1) to understand the images that parents have of their parenthood ; 2) to give new meanings to the behaviors and symptoms of the child. Therefore in this model during the consultation the problem , the conflictual node of the relationship is described / represented at a narrative level and sometimes "presented" or sometimes even "symbolized" in the play of the child. However, at times, the narrative level may mask or superimpose itself on emotional experience, usually related to the difficulty concretely expressed/experienced in the interactions between parents and child, (i.e. during feeding, sleep, emotional regulation, potty training etc etc). In other words we could say that sometimes the beta elements (Bion) that circulate in the "bi/ ***three*** **(** emphasis added) personal field of analytic situation " (Baranger 1964) set up by the analyst with the family, overwhelm the ability of mental digestion of the analyst ; therefore in the here and now of

the session his/her reverie runs the risk of becoming a partial "picture" of the state of the art , a sort of mirror that reflects only partially what is going on in the relationship; such splitting may increase when the analyst deals with very primitive levels of psychic organization, like those observed in infants, in very precocious relationships and in psychosomatic symptoms. Moreover in infancy and early childhood we mainly deal with a pre-verbal dimension and the language of interpretation (in my opinion, even musicality and prosody) is not always adequate to active the alfa function of the mind, to transform beta elements , emotion, affects in thoughts; in preverbal relationships , mimical expression, prosody, gestures and body postures, bodily secretions and excretions represent a kind of code intercalated to words, a code that needs to be observed/received/noted in the clinical consultation (For instance, I consider the cramp in the calf of a mother lying on the side of her baby crying, as her somatic answer to the projective identification sprung from the mental suffering of her daughter).

Therefore in order to create the framework to include and deal with all these different levels , that I could name as a "pre-psychic area" , we have to extend our spaces of observations /setting, so that these elements may : a) be taunt amount to interpersonal emotional communication; b) contribute to form of the baby's psychic reality c) increase the parents' ability of detecting the baby's psychic reality.

The therapeutic nursery "Cerco Asilo" is an innovative Italian program addressed to families at risk (social, psychiatric, immigration). The intervention is aimed to protect the emotional development of preschool children and to promote the wellbeing of their relationship

The treatment provides a "day treatment" format in which small groups of children with their parents attend the different activities , 1 day a week.

The activities are carried out in a suitable environment for receiving- young children, with spaces for eating, sleeping, bathing and playing. Parents are supported by a therapeutic team in different moments of caregiving (feeding, sleeping, toilette training) as well as in play activities-; psychoeducational groups for parents, play and educative groups for children, psychodynamic psychotherapies of the family (on the base of Palacio Espasa's model) complete the program daily activity.

The team is multiprofessional and is composed by me,(I am a child psychiatrists and psychoanalyst) , 3 psychologists, 1 childcare assistant and 1 social worker.

The general purpose of the program is to provide a structured, consistent and nurturing environment for the child and for the parents. During their stay in the therapeutic nursery parents are helped to widen their view of the child, while keeping in touch with his/her emotional and psychological functioning. At the same time the possibility to share some practices of the caregiving with therapeutic team gives them the feeling of being supported and understood just in what they concretely consider to be the problematic aspect of their interaction with the child.

The structure of the intervention is such that the focus of the observation is in constant oscillation between "soma" and "psyche", between the 'intra-psychic" and the "inter-personal" , between the "individual" and the "group"; the therapeutic strategies are "thought " in the team meetings and adapted and adjusted on the base of this plurality of viewpoints.

The core idea of the program consists of offering to families and children a space which is stratified at multiple level : the **concrete one ,** where the actions related to the caregiving (feeding, sleeping, potty training as well as emotional regulation, playing, sharing a task) take the form of an "act", which is received, hold and thought; the **narrative one,** where parents tell about problems, concerns,

micro/macro events so that the individual and the family story may be built / re-built ; the **transformative one** where: the child develops by the play the ability to represent/ symbolize affective conflicts and increase his/her subjectivity; parents are helped to "remember" through **the aprèscoup**, stimulated by the therapeutic process, and encouraged to not "repeat" dis-adaptive behaviors that express unresolved conflicts from their past, or conflicts within the couple **.** The intersection of these three levels promotes : a) new representation in parents' mind, b) change of relationships with new patterns of interactions between parents and child, c) emotional , social and cognitive development in the child.

The main goals of the treatment are: 1) to address child's symptoms by promoting child's emotional development and improve his/her social abilities, 2) to help parents in ~~the~~ caregiving while becoming more aware of emotional needs of their children, 3) to develop intimate and meaningful relationships between parents and children by improving trust and alliance between families and equipe, 4) to improve self-esteem and self-confidence in parents.

Going Back to Gabriele *Our first emotional reaction to the video was deep anger… By discussing in the group we attributed our feelings to the counter-identification with the child; the father made us passive and powerless witnesses of a horrendous show, with no possibility –in the here and now -of a reply / response / defense ... action / interpretation / transformation; among other things we wondered if the father wanted us to experience his own impotence.*

We decided to introduce a slight change in the protocol of the consultation : instead of a single observation of ~~the~~ feeding as we usually do for children who are referred for feeding disorders, we planned three observations. Our aim was to use the first session to observe the spontaneous patterns of feeding and the other two to " test" the suggestions that may ensue. Since in the video the way the mother fed Gabriele appeared grossly incongruous and inappropriate, we formulated the hypothesis of ~~that~~ a change at this level (eg by putting him sitting at a table rather than stripped in a high chair, as well as by leaving him free to eat autonomously) which -could help: a) ***the mother*** *in the co-construction of a new representation of her son, a three years old little boy, no longer the baby to be weaned.. a more adaptive representation for herself and for the child; b)* ***Gabriele*** *to be more independent in the choice of food and encouraged to explore different/selective flavors, smells and textures; c)* ***the father*** *to give up the role of passive and impotent witness.*

In parallel during the consultation, the mother's fantasies/ images / memories are collected : "her precocious anorexia"; " the little girl who was force-fed by the mother at each meal : she remembers she vomited all the food and her mother tenaciously began to feed her again ..."Apparently she doesn't want -to repeat her mother's behavior, but she is not able to contain her anxiety : she wants Gabriele to finish all the food he has in the pot. Maybe Gabriele is the child she wanted to be ...he shuts his mouth instead of stubbornly swallow and then vomit ... Maybe Gabriele shuts his mouth not to be identified with the little girl…Maybe…. ?

This initial hypothesis makes us wonder about how to start working on "differences / dis-identifications and separations and how to offer Gabriele contexts in which his passive resistance can become active expression of subjectivity .. The different level s : feeding pattern, child's behavior, the mother's ghosts in the nursery, (Selma Fraiberg, 1971) weave the texture of the consultation. 16 Slide

To conclude

Developments in psychoanalysis dealing with interventions with very young children are oriented on the research / discovery of the psychic, as the central target of treatment. Bjorn Salomon, Normann's heir, develops the concept of "baby worries", meant just as apprehensions, concerns of the baby: ""If we combine the idea that babies are mindful and communicative persons with our insights that parents sometimes observe babies through glasses colored by their own emotional suffering, we may safely conclude that babies worries need to be taken seriously and professional assistance offered" On this assumption rests the intervention model masterfully described in Normann's article The psychoanalyst and the baby. While sharing this approach, in my personal research, however, I am increasingly committed to include in my field of observation / understanding / interpretation the semiotics of the "body", not just the baby' s body , but also that of the adults in their interaction with–the baby, and / or with themselves. That is I try to structure in the analytic function of my mind a kind of setting where the baby's gripes, as well as the adulthood tachycardia (pre-psychic area) "receive" listening, attention, annotation and answer, in the expectation of a gradual transformation into other forms of emotional experience, more sustainable and integrated.

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