

JOINT MOTHER-BABY TREATMENT WITH A BABY OF THREE AND A HALF MONTHS WHO SHOWS EARLY WARNING SIGNS OF AUTISM

Marine and her mother go to an mother-baby encounter group at their neighborhood PMI¹; it is led by some members of the team. The group leaders are worried by this baby who does not exchange of looks with his mother and whose gaze becomes harder for the team to catch each time. They ask the psychologist of the PMI to come observe this baby. She is also very worried, even though she is able to catch the baby's gaze. Marine has a hypertonia of the upper torso, she arches herself back in way that evokes opisthotonos. The psychologist, who has psychoanalytical training, sends her to me the next day.

We thought that this baby was showing warning signs of a risk of an autistic evolution, so I received the mother as quickly as possible, the day after New Year's Day. It is still very rare for us to be able to receive children like Marine in psychoanalytical consultation. Even if the mother is depressed, it is not clinical depression and still less psychosis. Thus the alerting symptom is coming from the baby, but it is not one of the ones parents usually complain about, such as sleep or feeding disorders. Since Marine is only 3 months old, separation problems are not yet an issue. Marine is one of those babies that we usually see only much later. I congratulate the clinical psychologist on the foresight and determination she showed in enabling this patient this patient to get an appointment right away.

The mother calls the very day when she was given my telephone number. It is Christmas Eve, and I give her an appointment for January 2.

First session (2/1/02)

Marine arrives in a baby carrier on her mother's belly. She is arching herself backwards, in what looks like opisthotonos, and her gaze seems to be trying to fix on the ceiling. I see the look of worry in the eyes of the our center's secretary.

In the office, the mother tells me that she cannot catch her daughter's eye, but her husband can. She tells me of the big difficulties she had with her baby's intense abdominal pains. She spoke of this with the pediatrician who minimized it by explaining that it was frequent in babies, and that it would go away with time.

But she tells me that Marine cries for a long time and in a very intense way. The mother is overwhelmed by her baby's crying and cannot soothe her. Indeed, the mother was in distress at her daughter's screaming.

¹ It is a PMI of the Red Cross.

Later, when we know each other better and this is in the past, she will tell me that she once thought of throwing herself out the window with her baby. For her this is not a mere figure of speech, but an admission of real distress.

In this first session, as soon as her mother holds her on her lap facing her, in order to catch her gaze, Marine throws herself backwards. She is very hypertonic in the chest, as her mother points out to me. The parents, worried by this, have already consulted an osteopath. I am able to catch Marine's gaze, as long as I put her in a baby chair in front of me.

I tell Marine what her mother has just explained to me. My sentences are simple and I think that Marine is clinging mainly to the intonation of my voice. She calms down very slowly. I introduce her mother, whom she looks at while making little movements with her arms. I immediately interpret these as :

-“Mommy, I want to go into your arms”.

Her mother cannot interpret these movements as being addressed to herself. She will tell me several times :

-“She doesn't ask for me, she doesn't call me.”

As I tell her, on behalf of Marine, that at three and a half months we don't know how to make movements any better than that, the mother, touched, takes Marine in her arms. I am struck by what happens. This hypertonic baby relaxes in her mother's arms, as if she were letting herself go, and while I am quietly telling her how well she is there in her mother's arms, she falls asleep.

The mother then tells me how lost she feels, with her husband at work all day. She has her parents, but she can't expect much from them. In any case, her mother told her that babies are tiring for her. Madame was nearly forty when she had Marine, this is her first baby. When she told her parents she was pregnant, they asked her why she hadn't had a baby sooner.

They often complained to her about not having any grandchildren. Madame is their only child. But it was too late. Now that she finally had a companion who wanted to have a baby with her, it was too late for her parents, it would be tiring for them. Regarding this, she associates to the fact that the only thing her mother could tell her about her own birth was how tiring, exhausting, it was for her. That had been very hard. Madame had no other memories of what her mother might have said about her early childhood.

I listen without saying anything to the version she gives me of her early childhood. I only emphasize the terrible difficulty she was having with her daughter's pain, and I ask her to insist that her pediatrician give a treatment for these pains. I tell her that the doctor of our center, who would receive her with me the next time, would support her in this if necessary.

I will not go into her discourse on her incompetence as a mother. I know that a baby who is screaming in pain, whatever the etiology of the pain, gives affirmation to the fantasy of maternal powerlessness.²

This allowed me to acknowledge the pain, and the necessity of soothing it, without giving an interpretation that might add to the mother's feeling of guilt.

After half an hour,³ Marine is awakened by her colic. This will be the first and last time I witness such a scene. Marine writhes, she is shaken with spasms, while her mother is in complete distress. We will take care of Marine together. I speak to her for a long time about her pains, picking up the rhythm of her own suffering and the intensity of the suffering. Though I manage to catch her attention and thus calm her, the mother cannot manage to catch her gaze again, and Marine leaves with her eyes on the ceiling and her upper body bent far back.

Second session

I can only see them two weeks later. In the waiting room, it's Marine who seeks out my gaze. Our pediatric psychiatrist is also present at this session.

The parents have changed pediatricians. The new doctor gave them medicine for Marine's pain and her crises of suffering have stopped. According to the mother, from the first day after the initial session things were better, she managed to catch her daughter's gaze a little. But for the last few days her daughter's gaze was starting to wander again and it was time to come back and see Madame Laznik.⁴

I say again to Marine, who is in a baby chair in front of me, what her mother has just told me. Marine gazes at me and gives me big smiles. Marine's mother says that she can now catch her daughter's gaze, and that she gives her little smiles, but that she only smiles like that for her father. With her father she even does little voice exercises.

Marine, who has just turned 4 months, is sucking on her hands, which are getting away from her. Very attentively, her mother tries to help her bring her little hands near her mouth. Suddenly, Marine starts sucking her mother's finger with evident pleasure.

I speak for Marine : -"Mmm! Mommy's finger is so good! It's delicious!"

² I was very interested by a communication made in an association of parents of autists in France, which showed that in babies who later became autistic, the incidence of serious gastro-esophageal problems is ten times that of the normal population. It is possible that these troubles are themselves psychosomatic in origin. But, when faced with pain, we have to break the vicious circle.

³ For several months, I will keep this mother and baby a very long time. There is a first "session" with the two of them, then Marine will fall asleep, allowing the mother to talk with me until Marine wakes up, on her own, and we can say good-bye.

⁴ The mother will repeat this at the beginning of each session for three months.

Marine sucks her mother's finger even more avidly.

The mother : -"But if she likes that so much we'll have to give her a licorice stick!"

I speak again for Marine : -"But Mommy, it's your finger that I like! Mommy's finger is so good!"

The mother : -"Oh! Yes, it's true, you're still too young for licorice sticks."

I turn again to the mother to remark how much Marine loves her mom's finger, which is as good as a piece of sugar.

Then the mother tells me in a confidential voice : -"I will confess to you, I also find Marine's little finger as good a piece of sugar."

In the same confidential tone, I ask the mother : -"And the little foot?"

The mother, whose daughter is still sucking her finger, admits with a chuckle of pleasure : -"And even the little belly sometimes!"

The voice of the mother admitting to her pleasure captivates Marine, who looks at her and starts vocalizing with all her might : -"Guo, te, re, te".

The mother, very moved, tells her : -"But I'd need a translator to explain everything your telling me!"

Such a sentence, which we don't at all expect to hear from the mother of an infant, shows the extent of Madame's distress as a mother and how depressed she was in her maternal function. She cannot allow herself to interpret by herself what her daughter said in this "proto-conversation."

I then tell Marine⁵ that her mother was so unhappy to see her suffering with her bellyaches, she felt so powerless to relieve her, that she lost all confidence in her capacity for being a mommy. Marine looks at me and then at her mother who acquiesces with a smile. Her little girl responds to her smile.

The mother weeps : -"You know Marine, these are tears of joy Mommy is crying," she says to her daughter.

I see Marine and her mother three times a month. Madame says that Marine is always "available" in the days following the session. But after about ten days, her gaze starts to turn back towards the ceiling.

In the sessions, Marine can hold my gaze for a long time, especially if I am speaking to her, but she drops her mother's gaze much more quickly. I tell her that she must read in Mom's eyes some troubles that she doesn't want to see there.

⁵ It is obvious that the content of what I say to the baby is addressed to the mother. The child is surely more sensitive to the prosodic aspect of what I say.

Marine has established a protocol for the sessions that she will keep to for several months.

She begins by being with us, mainly clinging to my gaze, then we talk about Mommy's worries. Her mother rocks her, in her mother's arms she lets go of her hypertonia and often goes to sleep to the sound of my voice which is frequently low and monochord.

While her daughter sleeps, the mother talks about herself.

She is not married to Marine's father, who has already had two previous unions. He has two children in their twenties from a first marriage. They come to see Marine and get along well with Madame. But he has a little boy from another union who is now 10 years old. The father goes to see him every week, but the child does not know that either Madame or Marine exists. This situation hurts Madame very much, especially as it repeats what is happening at work.

Monsieur and Madame met in a government ministry where both are functionaries. Monsieur has never wanted anyone to know about their affair, claiming that his supervisor would not stand for it.

The situation was so painful for Madame that she finally went to work in another service. She could never brag about her beautiful daughter in front of her former colleagues and has to take a special route in order not to run into them now when she's pushing Marine in her stroller. This clandestine situation is very painful for Madame, who feels unrecognized.

When Marine wakes up, I tell her that Mommy has explained to me that she was like Mazarine, that Papa was hiding her the way the President of the Republic had hidden his daughter.⁶ These are very long sessions, lasting more than one hour.

Some time later, Marine is placed in day care and the mother goes back to work. The day care center will never know what worries we went through. However, the staff will point out that Marine has "her ways". There are ladies she never answers, as though they didn't exist and others, especially one, Marie, to whom Marine will attach herself in a central way.

At another session, while Marine sleeps, the mother tells me the history of her own mother. The grandmother comes from a farming family living on the high plateau of Larzac. It is a region so out of the way that, during the war, they never saw a German go by the farm. The mother of the grandmother (Madame's great-grandmother) had been married to the

⁶ This comparison with the secret daughter of François Mitterrand, known to all French people, makes the mother laugh and takes the tension out of the situation.

peasant whose farm was so isolated. He fathered three daughters on her, one after the other. It seems that she would have liked another sort of life and that her babies were not an enormous source of joy for her. Two of these daughters never had any children. Madame's mother was the only one who had a child, just one : Madame. We recall how she had said that this baby was mainly tiring for her.

Of course, this gloomy version of the family history is not the only thing that Madame can summon up from her childhood. But her childhood memories of her maternal grandmother's home are never very happy.

But when she evokes the parents of her father, her face lights up. At one session, she tells me that on her paternal grandparents' farm, during the war, they often saw Germans going by. Her grandfather liked to tell how he had tricked the Germans ; Madame laughs with pleasure at this memory. Marine turns around, astonished to hear her mother laugh, looks at her, and laughs in turn.

Very recently (Marine is now ten months old) Madame tells me that while playing with her daughter, she pretended to drink from the baby bottle. Faced with such playful audacity on the part of her mother, Marine was first astonished, then began to laugh.

But that happened only after the establishment of a more personal therapeutic work for Madame, one month ago. This work was made possible in the following way :

Madame arrives at a session and declares : -"*Marine* is very well."

She puts her little girl down on the floor. Marine is 9 months old; she is crawling and shows an interest in me, but also in objects. I say, "Marine is very well indeed. What about you?"

The mother hides her face in her hands and starts to cry. She has never let herself go like that before. Marine goes toward her mother and holds out her arms. She snuggles up to her mother very nicely, while I name what she is doing. The mother tries to smile at her through her tears. At this moment, to our great surprise, Marine points up to show her Mommy a very beautiful and colorful mobile hanging from the ceiling of my office.

Each time that Marine cried, her mother used to show her the beautiful mobile to console her. We understand at the same time that Marine, identified with her mother, is trying to console her. The mother is very moved. Even if we both admire Marine's capacities for identification (and her cognitive capacities) the mother says that she's is really young to have to console her mother already. It's better for her to come talk with Madame Laznik, she says.

Our sessions seem to have enabled Madame to take on the preparations for the celebration of Marine's baptism, which went very well. Now she speaks of her family's big reunion, which will take place in the Larzac and where Marine will be presented.

What struck me in the last session is that Marine now seeks out her mother with her gaze every time she going to perform an action or even enter into contact with me. It seems to me that the bond has been established between them, but I will continue to see them after the vacation. For Madame, the work is perhaps just beginning.

Comments :

I was very touched to see how the introduction of the third phase of the drive circuit was able to bring about a completely different dynamic between this baby and her mother.

At the second session, which took place in the presence of the pediatric psychiatrist, Marine sucks the finger of her mother. I introduce the idea that this maternal finger is good to suck, that it is a source of joy for Marine. After a depressive phase where the mother proposes a licorice stick instead of her finger, the mother accepts to envision herself as a good object for her daughter to suck;

In Freud's terms, she accepts to make herself the object of the third phase of her daughter's oral drive. Freud calls this phase passive, and says that here the 'Ich' makes itself the object for another subject.⁷ Her drive passivation consists in letting herself be sucked. We are not in the register of need here, because we are dealing with a finger, thus with sucking for pleasure alone.⁸

Not only is she the oral object of this third phase of her daughter's drive circuit, she is also a source of pleasure for her (the finger is so good). At the same time, the mother can admit that her baby is also a delicious object to suck : her little hand, her little foot, her little belly.

This recognition of her baby as a source of joy (of great pleasure) for the mother must probably induce a modification in the prosody of the maternal voice. The baby is called by this voice and enters into a real "proto-conversation".

The mother must still be supported in order to be able to respond; she has lost too much confidence in herself to allow herself to find, all alone, the significations of what her daughter says.

⁷ Freud, S.: *Instincts and their Vicissitudes* (1915), S. E., vol. XIV, see especially pages 127-129.

⁸ All this can be understood only in light of the distinction between need and drive, distinction introduced by Jacques Lacan, but followed by practically all the psychoanalysts in France. We know that in Anglo-Saxon literature this distinction was never made.

We notice that our work as an analyst with a baby and her mother here resembles what we do in psychoanalytical psychodrama : role-playing in order to get across some possibilities for representations that are not necessarily addressed to the mother's conscious, vigilant ego.