Models of Early Intervention with Pregnant Women and Parent–Infant Dyads

Nadia Regina Prando[1]

Abstract

This paper describes experiences of early intervention through two projects conducted with a socially vulnerable population, in a partnership between the nonprofit organization Habitare and an institution that supports pregnant women and parent–infant dyads. Since 2004, Habitare has developed social projects providing psychological services in low income communities as a means of prevention and early intervention in mental health. Two projects are described through a case initially seen in the Sewing Workshop and subsequently followed in the Parent–Infant Therapeutic Consultations Project. The case concerns Jiane[2], a woman pregnant with her first child, who came to the workshop experiencing helplessness and loneliness and feeling very irritated by the discomfort of pregnancy-related nausea. In the workshop, she found a welcoming environment where she could speak about her anxieties and experience being cared for. This experience of care within the group enabled her to seek individual treatment based on Winnicott's therapeutic consultation model (1971a/1984). With her baby, she again found herself feeling vulnerable. In a safe and welcoming space, she could recount her life history in order to work through failures in the maternal care she had received and integrate previously split-off parts of her self.

Keywords: Therapeutic consultations; early intervention; mental health; psychoanalysis; transformational object.

Sewing as a Transformational Object

The Sewing Workshop aims to offer a psychotherapeutic environment of care based on the therapeutic consultation model (Winnicott, 1971a/1984), adapting the setting and clinical management and providing holding.

The workshop invites pregnant women to make cloth dolls, blankets, pillows, baby shoes, or anything else they wish to create, in a group setting designed to reach more women. The group meets weekly for one hour, usually over three months. Sewing serves as a transformational object that supports genuine self-expression and the integration of emotional states.

The workshops are based on the premise that a woman who enjoys mental and physical health, and who is herself "mothered" during pregnancy and after childbirth, is more likely to be supported in becoming a mother and developing the mother–infant bond.

According to Winnicott (1971), emotional health results from satisfactory development. It is an individual achievement involving the capacity to feel oneself to be a whole, spontaneous, and creative person. Providing a safe and welcoming environment where women can sew and converse spontaneously and creatively therefore supports the emotional health of

women living in adverse sociocultural circumstances.

As with the holding provided in therapeutic consultations, each workshop meeting has a beginning, a middle, and an end. Holding (Winnicott, 1945) is used as an intervention: the therapist remains present and sensitive to the group's needs, sustaining a space where spontaneous gestures and anxieties about pregnancy can be expressed.

According to Bollas (1987), a transformational object makes transformation of the self and ego possible. It is malleable, allowing itself to be used and constituted according to the capacities and needs of each developing self.

The effects of the transformational object include inducing, stimulating, evoking, calling forth, mobilizing, enlivening, and transforming. Figueiredo (2014) describes its functions as providing support, containing anxieties, enabling mirroring, and producing effects on the individual and their constitution. These effects resemble those proposed in the "metapsychology of care" (Figueiredo, 2009).

The transformational object's capacity for mirroring, evoking, and producing effects on the individual can be observed when pregnant women sew dolls. The doll becomes a representation of the baby they are carrying, onto which they can project their feelings and anxieties. Women who initially said they could not sew well finished by saying they could already practice mothering with the doll, showing how they would hold and breastfeed their babies. Some sewed a doll and said afterward that they did not like it. Others recognized a resemblance between the doll and their baby halfway through the sewing. One woman made a boy doll and then a girl doll because she had very much wanted a boy but had learned she was expecting a girl.

Over the course of the workshops, the women became interested in making other items. They were encouraged to create new patterns for baby sheets, pillows, shoes, picture frames for the baby's room, diaper bags, and other objects. All their work nevertheless remained focused on making something for their babies. This is significant because these socially vulnerable women cannot afford to buy everything their babies need. Sewing thus offers a way to move from immobilization to making what they need, giving them greater autonomy and control over their lives.

In this sense, sewing calls these women back to life and to their own potential. The psychologist's intervention is also essential: by praising their work, effort, and abilities, she recognizes their capacities. In a manner that is both engaged and restrained, she fulfills the function of addressing them and calling them toward creative living.

Sewing therefore offers an experience of autonomy. Many women begin the group saying that they do not know how to sew. As I introduce the materials, they begin trying, often without even asking for help. When they finish, they are surprised and happy. They say that they had not believed themselves capable, but enjoyed creating something on their own and being able to give their baby a gift.

Michèle Petit (2009) describes reading as supporting transformations within the self, much as sewing dolls enabled these pregnant women to develop a position of autonomy:

> "… reading opens up new horizons and times of reverie that allow the construction of an inner world, a psychic space, while also supporting a process of becoming autonomous, the construction of a position as a subject." (Petit, p. 32; translated from the Portuguese text)

Sewing itself represents reconstruction, since pieces of fabric are joined to create something new. Through it, the women's life histories can also be reconstructed. Many participants report experiencing their current pregnancy differently. They seem clearer about their circumstances and more hopeful about carrying out their life plans, as though the group had enabled them to find new meaning in pregnancy. Some recognize that pregnancy need not prevent them from achieving their goals, such as completing their education and finding a good job. Others recognize that they have had a different experience this time and do not intend to continue becoming pregnant without restraint. As Petit describes, it is possible to:

> "… transform agony into an idea and rediscover joy …" (p. 34)

> "Stitch shattered lives back together, produce the feeling or the illusion of existential continuity." (p. 180)

We thus see that transformational objects used with socially vulnerable populations offer possibilities for transforming aspects of the self, or integrating them. This occurs through being heard, feeling valued because someone wants to listen, and having one's existence recognized, alongside a sense of responsibility and belonging to a group and a recognition that one matters. Both the group and the analyst are fundamental to sustaining and consolidating the individual's sense of existing. In Petit's words:

> "Only reorientation through another person allows one gradually to give meaning and form to what one experiences, to construct significance and move toward verbal language." (p. 52)

The following case illustrates these early interventions. The woman attended the Sewing Workshop during pregnancy and, when her baby was approximately seven months old, received care with her infant in the Parent–Infant Therapeutic Consultations Project.

Jiane regularly attended the Sewing Workshop, where the women sat in a circle and freely discussed various subjects while making their dolls. Originally from a rural area of Minas Gerais, she had been married for five years and had lived in São Paulo since her marriage. She spoke little during the workshop. In the first meetings, all the women were quieter and preoccupied with sewing. They said they had no sewing experience. Some, like Jiane, also had no experience of motherhood and were expecting their first baby.

Usually more observant, Jiane spoke only when other women introduced a subject. She tended to join conversations about the discomfort and nausea of pregnancy. She experienced frequent nausea and vomiting, and this discomfort seemed to lead her to experience pregnancy as something dreadful, without being able to see any positive aspects. We consistently received her expressive accounts with care and acknowledged how difficult this period of nausea must be. The other pregnant women also supported her, suggesting foods that might ease the nausea.

During meetings, Jiane often complained about her sewing and expressed dissatisfaction, saying, "My doll looks awful," while nevertheless persisting. We commented on how afraid she seemed to be of sewing and how critical she was of her work, while recognizing that she

was managing to make her doll, that she sewed well, and that the doll was taking shape, just as her baby was. The doll thus allowed Jiane to project her insecurities and dissatisfaction concerning her pregnancy.

Therapeutic Consultations

In the Parent–Infant Therapeutic Consultations Project for Prevention and Mental Health Prophylaxis in Infancy, we offer care to infants and their parents and/or caregivers[3] when developmental difficulties associated with dysfunctional relationships are identified, or when the women seek the service on their own initiative, as in the case presented here.

Therapeutic consultation focuses primarily on the conflict–symptom: dysfunction in the parent–infant bond and phenomena that may interfere with the development of the capacity to mother. Treatment aims to support a return to healthy infant development or, when working with pregnant women, to support the mother–infant bond needed for the infant's healthy emotional maturation and the healthy development of motherhood (Winnicott, 1956).

This method emphasizes holding and adaptations to clinical management and the setting. The psychoanalyst needs specialized training to remain aware of their own interventions while attending to the patient's needs amid the many forms of deprivation experienced by socially vulnerable families. A welcoming and sensitive space that supports ego integration is therefore necessary. As part of supporting ego integration, we must make it possible to reconstruct the parents' life histories and the legacies inherited from previous generations.

Parent–infant therapeutic consultation thus seeks to enable changes in family dynamics through the integration of previously split-off or unconscious aspects of the parents. Through empathy and countertransference, the analyst helps parents to:

1. Define the distinct roles of the father and mother.

2. Describe the symptom that concerns them and what they know about its onset and development.

3. Describe their childhood, upbringing, and views of their own parents' behavior, in order to identify characteristics attributed to the baby that may reproduce the parents' own experiences.

4. Describe how and why they chose the baby's name, in order to explore what they wish to transmit from their own histories.

5. Speak about the inevitable hatred they feel toward the baby in certain circumstances.

Case Presentation

Jiane began treatment in May 2011, on her own initiative, when her daughter Bela[4] was seven months old. Care was provided by a psychologist and a co-therapist who was a fifth-year psychology student. The trainee took primary responsibility for attending to the baby, playing with her and observing her development, while the psychologist focused more closely on the mother. Approximately 15 sessions had taken place, and treatment was still ongoing at the time of writing. Because of marked depression and suicidal ideation, care had to extend beyond the four-session model into longer-term follow-up.

Jiane is a 24-year-old woman who always wears her black hair tied back. She wears the same trousers to appointments and, regardless of the cold, wears flip-flops, showing toenails that are always painted and well cared for. The only accessory suggesting a more delicate femininity is her earrings, which she always wears and changes regularly. She describes them as the one object she cannot live without. When she introduces us to Bela, we see a smiling, fair-skinned girl with brown hair, always wearing matching pink or purple clothes and a decoration in her hair. It seems that a delicate femininity can be openly expressed through her daughter.

Jiane's presenting complaint is that she is always very sad and tearful, often thinking about throwing herself under a bus. She reports that, although she left rural Minas Gerais to escape a family that "mistreated" her, she has never managed to detach herself completely from them. Guilt about being far away and not caring for her mother has always troubled her.

Jiane is the daughter of her mother's first marriage. She reports that soon after she was born, her mother ran away and married her stepfather, with whom she had three more children. Her stepfather called her his daughter, as he did his other children, but was very violent toward both the children and their mother. Jiane describes suffering as she watched her mother being beaten, which made her feel compelled to help. Tearfully, she describes feeling that her mother treated her differently from the other children. Her mother always took medication for depression and did not show her affection. She told Jiane to help with housework and care for her siblings, and criticized her, saying that nothing she did was good enough.

In response to this suffering, the main intervention was holding, intended to provide a safe and welcoming setting. The countertransference involved considerable tenderness, as though the psychologist needed to mother her, offering experiences Jiane had not previously had because of the failures of a mother whose own capacities were impaired.

Once she feels safe in the therapeutic relationship, Jiane discloses that she became pregnant in an attempt to keep her husband, since he wanted a child. She had been very depressed since moving from Minas Gerais and had been unable to carry out household tasks. This account allows us to connect her projections of hatred and inadequacy toward the doll sewn in the workshop with her descriptions of pregnancy as unpleasant and nauseating: these symbolized a pregnancy she herself had not wanted.

Gradually, Jiane has been able to speak about the hatred she feels toward her daughter for taking up so much of her time, and toward her mother for not having given her good things. At the end of sessions, when Bela sought her lap and breast, Jiane often refused to breastfeed because she was very angry, saying, “These bad things can pass through the milk.” This evokes anger and discomfort in the therapists. Her statement showed how anger and love represented split-off parts of her self.

While the trainee played with Bela during sessions, Jiane pointed out that things were different at home: she did not play with her daughter and wanted her to stay quietly occupied on her own. Her lack of a model and of patience for being fully present with Bela expressed her hatred and aspects of her enactment of transgenerational patterns. Jiane recognized that being unable to play with her daughter while the trainee could do so irritated her, as though she could not offer good things to her daughter, just as her own mother had been unable to offer good things to her. This transferential anger enabled her to speak about the feeling and integrate her ambivalence. She said, “It seems we have two different sides.”

Alongside the trainee’s work with Bela, we also supported interaction between mother and daughter by involving everyone in play. We pretended that Bela was feeding us and all sat together to play.

Conclusion

Through these early intervention models, we can see that primitive anxieties were given space to be worked through. The workshop enabled the pregnant woman to project aspects of her hatred and insecurity onto the doll she sewed and thus express her discomfort with pregnancy, making it possible to integrate parts of her self that did not want the pregnancy.

The individual sessions, inspired by therapeutic consultations, enabled the mother to relive primitive experiences within a trustworthy setting and through the holding and handling provided by the psychologist and trainee. Jiane has shown an increasing ability to speak about her anxieties and ambivalent feelings, allowing these aspects to be integrated into her self, reducing her depression, and strengthening the mother–infant bond.

The author presents this case as demonstrating the considerable effectiveness of these early intervention projects in helping prevent pathological patterns in parent–infant relationships from becoming entrenched, thereby supporting the healthy development of the dyad.

Author Information and Notes

1. Psychology graduate of PUC São Paulo; specialist in Child Psychoanalysis through Instituto Sedes Sapientiae. Advanced training in the parent–infant relationship, from observation to interaction, also through Instituto Sedes Sapientiae. Master’s student in Clinical Psychology at PUC São Paulo. Volunteer team member and project coordinator at the nonprofit organization HABITARE.

2. Fictitious name.

3. Although the proposal is to work with the child and parents/caregivers, most sessions take place with only the mother and infant. Various everyday circumstances have prevented fathers from attending, and Habitare has been reflecting on these factors. We intend to present and discuss them on a future occasion.

4. Fictitious name.

Translation note: Author qualifications and the status of the treatment reflect the original manuscript. Quotations are translated from the Portuguese text rather than reproduced from published English editions. Original reference titles are retained, with English translations in brackets for readers' convenience. This translation does not update or independently validate the clinical claims.

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