

The interference of the dead within the parent-infant relationship - a discussion of three cases -

Dr Caroline Pontvert, MD, Consultant Perinatal Psychiatrist
Dr Fiona-Seth-Smith, DClin. Psy, Consultant Perinatal Psychologist
Perinatal Mental Health Service, CNWL NHS Foundation Trust

The Parent-Infant Relationship

As it develops in the parent's mind, has 5 main components:

· Parental Representations

Schema's through which the parent imagines, elaborates, understands and describes their child and their bond with them (*imaginary, phantasmic and narcissistic infant*, Lebovici 1989). They encompass cultural beliefs about the child's place in the world (*ontological representations*, Moro 2001) and profoundly influence parental behaviours. They include the development of the *imaginary child during pregnancy* (Stern, 1998), the concept of the *spoken and the speaking shadow* (Aulagnier, 1975) and Fraiberg's concept of the '*ghost in the nursery*' (1975).

· Behaviour

Parent's actions, reactions and attitudes towards their children influenced by their early life experiences including cultural beliefs and customs (*attachment system*, Bowlby, 1982; *caregiving system*, Solomon et al., 1996).

· Mentalisation Capacities

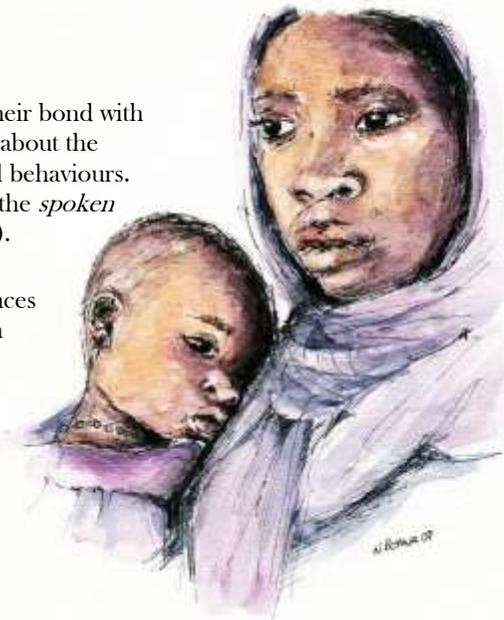
Metacognitive processes through which the parent understands their own and their infant's emotional states ('*empathic understanding*', Oppenheim et al., 2001; '*reflective function*', Fonagy et al., 1998; '*mind-mindedness*', Amott & Meins, 2007).

· Infant Factors

Infant health e.g. prematurity, disability, (Baradon, 2016), temperament (Murray, 1997), reactivity, physical appearance, developmental stage.

· Life Events

Expected or traumatic events, before, during the pregnancy or at birth, which can alter parental representations of the infant (Schore, 2001). All these experiences are interpreted via particular individual, cultural and familial contexts.



Three selected cases from the Perinatal Mental Health Service

Mother A

36, married, mother of 3.
AFGHANISTAN

Severe post-natal depression with psychotic symptoms, obsessions around baby's head size and "weird noises", certain baby is abnormal, told husband to leave with the baby, guilt about ToP describes self as "baby killer".

Relationship A

PR: baby is not fully developed, "I am a bad damaging mother".
B: internet research re prematurity and development; stares at baby's head; complains about "abnormal" baby noises; no enjoyment.
IF: 4 months old, Boy, planned, premature, normal development.
LE: social isolation, migration; ToP; severe eclampsia.

Mother B

25, separated, mother of 3.
IRISH TRAVELLER

Severe post-natal depression with generalized anxiety disorder, pathological unresolvable grief for alcoholic father who died unexpectedly a year before baby was conceived. Believed he was often 'present' in their home.

Relationship B

PR: son could die at any moment, father's spirit 'protecting' the family.
B: catastrophizing any situation; over protecting children; self-isolating; reminding the children about grand-father; all children named after other family members.
IF: 4 months old, Girl, unplanned, passive / 3 year old, Boy, hyperactive, speech delayed
LE: father's death.

Mother C

26, married, mother of 2.
BANGLADESH

Severe post-natal depression and anxiety with suicidal ideation in a context of significant childhood trauma, mother died at the point of conception, unresolved grief; extreme guilt and anger, unsupportive marriage.

Relationship C

PR: baby "too demanding", clingy, something is wrong with her, mother's spirit or Djins present frightening her.
B: left baby to cry for long periods, accidental falls; can't settle baby; poor attunement no enjoyment.
IF: new born, Girl, developing disorganised attachment / 4 year old, Boy, sensory issues.
LE: refugee; secret ToPs; history of physical and sexual abuse; mother's sudden death abroad.

Perinatal Mental Health Team Intervention

- **Series of home visits (6-20) always with the baby present, often the sibling/s.**
- **Facilitated attunement between mother and baby via floor play, mirrored moments of connection etc.**
- **Elicited the cultural beliefs perpetuating the fears and distress:** *ToP is a sin in Islam, therefore God is punishing me and my children - spirits of the dead can reappear in front of the children at anytime and can be frightening / punishing or reassuring - dead can access the family secrets.*
- **Placed people within the family story in order to create space for the baby to exist:** *In ToP there is a baby to be grieved for - allowing the idealised or hatred parent to die and the child to live.*
- **Separated (disentangled) the living baby (and siblings) from the 'ghosts', created space for the babies emerging selfhood:** *although you are given the same name you are not the same person - encouraged I and you pronouns - a baby after a ToP is not a replacement - a second baby does not kill dreams of independence.*
- **Co-Created and elaborated on a narrative in which things can and are changing.**
- **Worked through unresolved feelings of grief and loss.**

→ DEVELOPED PARENTAL'S REFLECTIVE FUNCTION